

## LIFE INSURANCE CORPORATION OF INDIA

## Special Medical Report

Form No. LIC03 - 005

LIPIDOGRAM

Zone \_\_\_\_\_ Division \_\_\_\_\_ Branch \_\_\_\_\_  
 Proposal No. \_\_\_\_\_  
 Agent/D.O. Code : \_\_\_\_\_ Introduced by : \_\_\_\_\_ (name & signature)  
 Full Name of Life to be assured: \_\_\_\_\_  
 Age/Sex : \_\_\_\_\_

	Type of Test	Actual Reading
1	Total Cholesterol	
2	High Density Lipid (HDL)	
	Low Density Lipid (LDL)	
3	S. Triglycerides	

I declare that the person examined signed (affixed his/her thumb impression) in the space earmarked below, in my presence and I am not related to him/her or the Agent or the Development Officer.

Dated at \_\_\_\_\_ on the \_\_\_\_\_ day of 200\_\_\_\_\_ at \_\_\_\_\_ a.m./p.m.

Signature of the L.A.

Signature of the Pathologist

Pathologist's name & Address

Qualification:

LICI Code No: