

Life Insurance Corporation of India
Division

Full Name of the Proposer

SMA – 12 DATED

1.	FBS	-	mg/dl
2.	S.Cholesterol	-	mg/dl
3.	S.riglycerides	-	mg/dl
4.	S.Creatinine-		mg/dl
5.	S.Bilirubin		
	Direct-		mg/dl
	Indirect		mg/dl
	Total		mg/dl
6.	S.Proterin		
	Albumin		mg/dl
	Globulin		mg/dl
	A G Ratio		mg/dl
7.	SGOT		iu/dl
8.	SGPT		iu/dl
9.	S.Uric Acid		mg/dl
10.	S.Calcium		mg/dl
11.	S.Alkaline Phosphatase		mg/dl
12.	S.Potassium		mg/dl

Dated at _____ on the _____ day of _____ 200.

I certify that the proposer/LA has put his/her Signature alongside in my present.

Signature of Proposer

Signature of the Pathologist

Qualification :

Introduced by :

Name :

(Agent/Dev. Officer)

Address:

Name :

Code No:

Address :