ANNEXURE II - 4

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: