ANNEXURE II – 10

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 011

ELISA FOR HIV

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

EXAMINATION OF BLOOD FOR HIV I & II TEST

HIV I & II :
RESULT :

Method :

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: