



Life Insurance Corporation of India

(Established by the Life Insurance Corporation Act 1956)

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 _____ am/pm

Signature of the L.A.

Signature of the Pathologist

Pathologist's Name :

Address :

Qualification :

LIC code No.: