



Life Insurance Corporation of India
(Established by the Life Insurance Corporation Act 1956)

_____ DIVISION

Form No. LIC03-005

**Special Medical Report
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 _____ am / pm

Signature of the L.A.

Signature of the Pathologist
Pathologist's Name :
Address :

Qualification :
LIC Code No. :