



भारतीय जीवन बीमा निगम
Life Insurance Corporation of India

Divisional Office :

Branch Office:

Proposal / Policy No.

Full Name of the Proposer : _____ Age _____

Sl. No.	Details of the Test	Observed Values
1.	FBS	mg / dl
2.	PGBS	mg / dl
3.	S.Cholesterol	mg / dl
4.	HDL Cholesterol	mg / dl
5.	S.Triglycerides	mg / dl
6.	SGOT	iu / dl
7.	SCPT	iu / dl
8.	LDH	iu / dl
9.	Serum CPK	iu / dl
10.	HBDH	iu / dl
11.	Total Bilirubin	iu / dl
12.	Conjugated Direct Bilirubin	mg / dl
13.	Unconjugated Bilirubin	mg / dl
14.	Alkaline Phosphatase	iu / dl
15.	GGTP	iu / dl
16.	Total Proteins	mg / dl
17.	Albumin	mg / dl
18.	Globulin	mg / dl
19.	A / G Ratio	mg / dl
20.	Blood Urenitrogen	mg / dl
21.	Serum Cretinine	mg / dl
22.	Serum Uric Acid	mg / dl
23.	Calcium	mg / dl
24.	Phosphorous	mg / dl
25.	Sodium	mEq / l
26.	Potassium	mEq / l
27.	Chlorides	mEq / l

Date at _____ on the _____ day of _____ 20 _____

Signature of the Life to be Assured

I certify that the propser / LA has put his / her
Signature alongside in my presence

Signature of the Introducer :

[Agent / Development Officer]

Name & Code :

Signature of the Pathologist

Qualifications / Code No. :

Name & Address :