## LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 011

## **ELISA FOR HIV**

Zone	Division	Branch
Proposal No.		
Agent/D.O. Code:	Introduced by: (n	ame & signature)
Full Name of Life to be assur	ed:	

## **EXAMINATION OF BLOOD FOR HIV I & II TEST**

HIV I & II : RESULT :

Method:

Age/Sex

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: