



LIPIDOGRAM

Zone: _____ Division : _____ Branch: _____

Proposal No. _____

Full Name of Life to be Assured: _____ Age / Sex _____

Sl.No.	Type of Test	Actual Reading
01	Total Cholestrol	
02	(i) High Density Lipid (HDL)	
	(ii) Low Density Lipid (LDL)	
03	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 _____ 20 _____ at _____ am / pm

<p>_____</p> <p>Signature of the Life to be Assured</p> <p>_____</p> <p>Signature of the Introducer: (Agent / Development Officer)</p> <p>Name : _____</p> <p>Code No. _____</p>	<p>I Certify that the proposer / LA has put his /her Signature alongside in my presence</p> <p>_____</p> <p>Signature of the Pathologist</p> <p>Name: _____</p> <p>Address: _____</p> <p>Qualification: _____</p> <p>Code No: _____</p>
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