



# भारतीय जीवन बीमा निगम

## Life Insurance Corporation of India

Dated.....

BRANCH UNIT NO. : .....

NAME OF AGENT/  
DEV. OFFICER : .....

CODE NO.....

FULL NAME OF THE PROPOSER :Sh./Smt./Kum.....

**SMA-12**

1.	FBS	-	mg/dl
2.	S. CHOLESTEROL	-	mg/dl
3.	S. TRIGLYCERIDES	-	mg/dl
4.	S. CREATININE	-	mg/dl
5.	S. BILIRUBIN	-	mg/dl
	Direct	-	mg/dl
	Indirect	-	mg/dl
	Total	-	mg/dl
6.	S. PROTEIN	-	
	Albumin	-	mg/dl
	Globulin	-	mg/dl
	A.G. Ratio	-	mg/dl
7.	SGOT	-	iu/dl
8.	SGPT	-	iu/dl
9.	S. URIC ACID	-	mg/dl
	S. CALCIUM	-	mg/dl
	S. ALKALINE PHOSPHATASE	-	mg/dl
	S. POTASSIUM	-	mg/dl
10.			
11.			
12.			

Dated at..... on the ..... day of ..... 200

I certify that the proposer/LA has put his/her  
signature alongside in my presence

Signature of Proposer.....

Signature of the Pathologist.....

Code No.....

Qualification : .....

Introduced by : .....

Name : .....

Signature : .....

(Agent/Development Officer)

Address : .....

Name : .....

Code No. : .....

Address : .....

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