



भारतीय जीवन बीमा निगम

Life Insurance Corporation of India

DELHI DIVISIONAL OFFICE - I

Dated.....

BRANCH UNIT NO. :

NAME OF AGENT/
DEV. OFFICER :

CODE NO.

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

SMA-27 DATED:

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. SGPT	-	iu/dl
8. LDH	-	iu/dl
9. SERUM CPK	-	iu/dl
10. HBDH	-	iu/dl
11. TOTAL BILIRUBIN	-	mg/dl
12. CONJ. DIRECT BILIRUBIN	-	mg/dl
13. UNCONJ. 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 UREA NITROGEN	-	mg/dl
21. SERUM CREATININE	-	mg/dl
22. SERUM URIC ACID	-	mg/dl
23. CALCIUM	-	mg/dl
24. PHOSPHORUS	-	mg/dl
25. SODIUM	-	mEq/l
26. POTASSIUM	-	mEq/l
27. CHLORIDES	-	mEq/l

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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