



भारतीय जीवन बीमा निगम
Life Insurance Corporation of India

Divisional Office :

Branch Office:

Proposal No _____

Agent's Name _____

Code No. _____

Name of the Life to be Assured _____

Age : _____

INSTRUCTIONS FOR THE PATHOLOGISTS

- N.B. (i) The observations should be made in the morning in the fasting state and 2 hours after meals.
- (ii) The pathologist should indicate the method of Blood Sugar Estimation employed and the normal values.
- (iii) Each column should be filled completely in every case.
- (iv) Please insist on the proposer signing in your presence. A form on which the proposer has already put his signature should not be used.

SAMPLE	Time O' Clock	Blood Sugar %	Urine Glucose %	Acetone bodies	Normal Value
Fasting					
2. Hours after meals					

INTERPRETATION _____

Please state the method of

Blood Sugar Estimation employed _____

Queries to be answered by the Life to be Assured

- Time of taking food on the day of the test _____
- Details of food taken on the day of the test _____
- Any medication – Name of the drug & its dosage _____

Dated at _____ on the _____ day of _____ 20

Signature of the Life to be Assured

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

Signature of the Introducer :

Signature Pathologist

[Agent / Development Officer]

Qualifications / Code No. :

Name & Code :

Name & Address