



Life Insurance Corporation of India

Form - 3342

FULL NAME OF THE PROPOSER _____

PROPOSAL NO. _____ BRANCH: _____

-: CBC/ESR REPORT :-

- | | | | |
|---------|---|----------------------|------------|
| 1. HB % | : | <input type="text"/> | gms / dl |
| 2. RBC | : | <input type="text"/> | mil / cumm |
| 3. WBC | : | <input type="text"/> | Per cumm |

Differential Count

- | | | |
|-------------|----------------------|---|
| Eosinophils | <input type="text"/> | % |
| Monocytes | <input type="text"/> | % |
| Lymphocytes | <input type="text"/> | % |
| Neutrophils | <input type="text"/> | % |
| Basophils | <input type="text"/> | % |

E.S.R. at the end of 1st Hour : mm/hr
(westergen method)

Dated at _____ on the _____ day of _____ 200

Signature of Proposer

Introduced by : _____

(Signature)

[Agent / Development Officer]

Name : _____

Code No. : _____

Address : _____

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

Signature of the pathologist

Qualification : _____

Name : _____

Address : _____

Code No. : _____

(Please affix rubber stamp)