

Health checkup at tie-up Ctr

HealthChkup Authorisatn letter



Union Bank of India

RO - MYSORE  
 NO.2254, KAUSALYA, THIRD FLOOR,  
 SOUTH WING, VINOBHA ROAD, . - 0

To,  
 The Chief Medical Officer  
 M/S Mediwheel  
<https://mediwheel.in/signup011-41195959>(A brand name of  
 Arcofemi Healthcare Ltd),  
 Mumbai400021  
 Dear Sir,

**Tie-up arrangement for Health Checkup under Health Checkup 40-50 Male**

**Shri/Smt./Kum. MANJUNATHA B A.,**

**P.F. No. 693824 Designation : Senior Manager(Credit)**

<b>Checkup for Financial Year</b>	2024-	<b>Approved Charges Rs.</b>	3500.00
	2025		

The above mentioned staff member of our Branch/Office desires to undergo Health Checkup at your Hospital/Centre/Clinic, under the tie-up arrangement entered into with you, by our bank.

Please send the receipt of the above payment and the relevant reports to our above address.

Thanking you,

Yours Faithfully,

(Signature of the Employee)

BRANCH MANAGER/SENIOR MANAGER

**PS. : Status of the application- Sanctioned**