



बैंक ऑफ़ बड़ौदा Bank of Baroda



To,
The Coordinator,

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	SUKARN SINGH
DATE OF BIRTH	18-09-1992
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	15 th March 2025
BOOKING REFERENCE NO.	24M1999501001571625
SPOUSE DETAILS	
EMPLOYEE NAME	YASHI SINGH
EMPLOYEE EC NO.	199950
EMPLOYEE DESIGNATION	OFFICER - LAW
EMPLOYEE PLACE OF WORK	ZONAL OFFICE JAIPUR
EMPLOYEE BIRTHDATE	16.02.1995

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from till 31-03-.The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager
HRM & Marketing Department
Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact)

< Reimbursement
Reimbursement Application



Reimbursement Application

Name of the benefit Mandatory Health Check-up

Application Number 199950070239

Submission Date 07/03/2025

Status Submitted

Personal Information

ECNO 199950

Name MS. SINGH YASHI

Grade JM1

Job Function LEGAL

Account # 33920100015272

Location JAIPUR,ZO JAIPUR

CLAIMS NEED TO BE APPLIED WITHIN THE STIPULATED TIME AS PER THE GUIDELINES

Financial Year 2024

For Spouse

age 32 **Name** SUKARN SINGH

Av

F.Y. 2024-2025

Date of Check-Up 16/03/2025

Claim Type Cashless

Service Provider MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

Booking Reference Number 24M199950100157162S

Applicant's Comments

Print

Entered by ID: YS199950

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