



To,

The Coordinator,
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

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	S KAVITHA
DATE OF BIRTH	28-09-1981
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	11-03-2025
BOOKING REFERENCE NO.	24M162026100157978S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. SIVANESAN P
EMPLOYEE EC NO.	162026
EMPLOYEE DESIGNATION	SENIOR CUSTOMER SERVICE ASSOCIATE(CASH)
EMPLOYEE PLACE OF WORK	MUMBAI,NORTH AVENUE ROAD
EMPLOYEE BIRTHDATE	25-04-1970

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 10-03-2025 till 31-03-2025. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the