

**KHARGAR CENTRAL PARK**

**SHP NO 01-03, MUMBAI, SAI MIRACLE SECTOR 35E, - 0**

To,

**The Chief Medical Officer**

**NDC Diagnostic Centre Pvt. Ltd, Seawoods**

**2nd Floor, Neurogen Brain & Spine Institute, Plot No. 19, Sector 40, Opp. Rail Vihar,  
Seawoods (W.)40**

Dear Sir,

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

Shri/Smt./Kumari. **PRATIMA KUMARI,**

P.F. No 719414

Designation: **Asst Manager**

Checkup for Financial Year: **2024**

Approved Charges Rs. **4500**

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.

Our Pay order/DD No. 1 dated 2025-03-11 for Rs. 4500 (after deducting TDS, wherever applicable) towards the Health Checkup charges is enclosed. TDS Certificate, as applicable will be sent to you separately.

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

Thanking you,

(Signature of the Employee)



Yours Faithfully,

Branch Manager/Senior Manager

Status of the application- **Sanctioned**