



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  | PRIYANKA CHAUDHARI                      |
| DATE OF BIRTH                                       | 30-10-1995                              |
| PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE | 09-11-2024                              |
| BOOKING REFERENCE NO.                               | 24D112468100120340S                     |
| SPOUSE DETAILS                                      |   |
| EMPLOYEE NAME                                       | MR. KUMAR NIKHIL                        |
| EMPLOYEE EC NO.                                     | 112468                                  |
| EMPLOYEE DESIGNATION                                | SENIOR CUSTOMER SERVICE ASSOCIATE(CASH) |
| EMPLOYEE PLACE OF WORK                              | PADUMPUR                                |
| EMPLOYEE BIRTHDATE                                  | 03-06-1989                              |

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 **07-11-2024** till **31-03-2025**. 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 MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.))

**List of tests & consultations to be covered as part of Annual Health Check-up**

| S.No. | For Male                            | For Female  |
|-------|-------------------------------------|---|
| 1     | CBC                                 | CBC   |
| 2     | ESR                                 | ESR   |
| 3     | Blood Group & RH Factor             | Blood Group & RH Factor                                   |
| 4     | Blood and Urine Sugar Fasting       | Blood and Urine Sugar Fasting                             |
| 5     | Blood and Urine Sugar PP            | Blood and Urine Sugar PP                                  |
| 6     | Stool Routine                       | Stool Routine   |
|       | <b>Lipid Profile</b>                | <b>Lipid Profile</b>                                      |
| 7     | Total Cholesterol                   | Total Cholesterol   |
| 8     | HDL                                 | HDL   |
| 9     | LDL                                 | LDL   |
| 10    | VLDL                                | VLDL  |
| 11    | Triglycerides                       | Triglycerides   |
| 12    | HDL/ LDL ratio                      | HDL/ LDL ratio  |
|       | <b>Liver Profile</b>                | <b>Liver Profile</b>                                      |
| 13    | AST                                 | AST   |
| 14    | ALT                                 | ALT   |
| 15    | GGT                                 | GGT   |
| 16    | Bilirubin (total, direct, indirect) | Bilirubin (total, direct, indirect)                       |
| 17    | ALP                                 | ALP   |
| 18    | Proteins (T, Albumin, Globulin)     | Proteins (T, Albumin, Globulin)                           |
|       | <b>Kidney Profile</b>               | <b>Kidney Profile</b>                                     |
| 19    | Serum Creatinine                    | Serum Creatinine  |
| 20    | Blood Urea Nitrogen                 | Blood Urea Nitrogen                                       |
| 21    | Uric Acid                           | Uric Acid   |
| 22    | HBA1C                               | HBA1C   |
| 23    | Routine Urine Analysis              | Routine Urine Analysis                                    |
| 24    | USG Whole Abdomen                   | USG Whole Abdomen   |
|       | <b>General Tests</b>                | <b>General Tests</b>                                      |
| 25    | X Ray Chest                         | X Ray Chest   |
| 26    | ECG                                 | ECG   |
| 27    | 2D/3D ECHO / TMT                    | 2D/3D ECHO / TMT  |
| 28    | Stress Test                         | Gynaec Consultation                                       |
| 29    | PSA Male (above 40 years)           | Pap Smear (above 30 years) & Mammography (above 40 years) |
| 30    | Thyroid Profile (T3, T4, TSH)       | Thyroid Profile (T3, T4, TSH)                             |
| 31    | Dental Check-up Consultation        | Dental Check-up Consultation                              |
| 32    | Physician Consultation              | Physician Consultation                                    |
| 33    | Eye Check-up Consultation           | Eye Check-up Consultation                                 |
| 34    | Skin/ENT Consultation               | Skin/ENT Consultation                                     |

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