



To,

The Coordinator,  
Mediwheel (Aroform Healthcare Limited)  
Helpline number: 011- 41195959

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	KANCHAN DEVI
DATE OF BIRTH	01-01-1994
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	23-12-2023
BOOKING REFERENCE NO.	23D164995100080774S
<b>SPOUSE DETAILS</b>	
EMPLOYEE NAME	MR. KUMAR CHANDAN
EMPLOYEE EC NO.	164995
EMPLOYEE DESIGNATION	SWACHHTA SAHAYAK EVAM SAHAYAK
EMPLOYEE PLACE OF WORK	ALLAHABAD,V N MARG
EMPLOYEE BIRTHDATE	11-01-1985

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 **22-12-2023** till **31-03-2024**. 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 Department  
Bank of Baroda**

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

