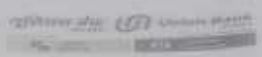


Health Checkup M-Shop Cx Health Checkup Authorisation Letter



Union Bank of India
PO - GROUND
C.A.B. ROAD, CHANDWARI, DIST.
KAMRUJ, Ghatnagar, Wam, Pin- 401 203,
Karnal-201

To,
The Chief Medical Officer
MS Mediserv
https://mediserv.in/mediserv/11
41100100A brand name of
Aardram Healthcare Ltd,
Mumbai-400021

Dear Sir,

Tie-up arrangement for Health Checkup under Health Checkup **40-60 Male**

SHR/Sms/Kam: **PAVITRA KUMAR SR.**
PF No. **78032** Designation: **Single Window Operator B**
Checkup for Financial Year **2023-2024** Approved Charges Rs. **3500.00**

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.

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

Trusting you,

(Signature of the Employee)

Yours faithfully,

BRANCH MANAGER/SENIC MANAGER


PS : Status of the application: **Success**

Reply

Add UpdateDisc