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Dear Sir / Madam.

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	FUNIOVE		
NAME	EMPLOYEE DETAILS		
EC NO.	MS. SINGH AAROSHI		
DESIGNATION	174056		
PLACE OF WORK	CASH MANAGEMENT OPERATIONS		
BIRTHDATE	MUMBAI, BKC, BARODA SUN TOWER		
PROPOSED DATE OF HEALTH	10-08-1993		
CHECKUP DATE OF HEALTH	13-01-2024		
BOOKING REFERENCE NO.			
THE PERENCE NO.	23M174056100082968E		

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 08-01-2024 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 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/-