SRL - Goregoan (W)
bobE 21217

बैंक ऑफ बड़ौदा
Bank of Baroda

LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
Mediwheel (Arcofemi 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 employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

| PARTICULARS | EMPLOYEE DETAILS |
|---|---|
| NAME | MR. GAWDE ANIL DIGAMBER |
| EC NO. | 160551 |
| DESIGNATION | SINGLE WINDOW OPERATOR A |
| PLACE OF WORK | MUMBAI,CHARKOP SECTOR 1 |
| BIRTHDATE | 11-06-1968 |
| PROPOSED DATE OF HEALTH CHECKUP | 26-11-2022 |
| BOOKING REFERENCE NO. | 22D160551100031182E |

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 **23-11-2022** till **31-03-2023** 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 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/-

बैंक ऑफ बड़ौदा/Bank of Baroda
Charkop-Kandivali (W) Br.
Mumbai
चारकोप-कांदिवली (प) शाखा

**Chief General Manager**
**HRM Department**
**Bank of Baroda**

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