

प्रति,

समन्वयक,

Mediwheel (Arcofemi Healthcare Limited)

हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी जिनका विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	कर्मचारी विवरण
नाम	MRS. SINGH SHAILJA
क.कू.संख्या	84688
पदनाम	CREDIT
कार्य का स्थान	JHANSI,SIPRI BAZAR
जन्म की तारीख	03-02-1984
स्वास्थ्य जांच की प्रस्तावित तारीख	13-01-2024
बुकिंग संदर्भ सं.	23M84688100083586E

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 11-01-2024 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-(मुख्य महाप्रबंधक) मानव संसाधन प्रबंधन विभाग बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)



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	MRS. SINGH SHAILJA
EC NO.	84688
DESIGNATION	CREDIT
PLACE OF WORK	JHANSI,SIPRI BAZAR
BIRTHDATE	03-02-1984
PROPOSED DATE OF HEALTH	13-01-2024
CHECKUP	
BOOKING REFERENCE NO.	23M84688100083586E

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 11-01-2024 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 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/-

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))

159, 1-83,71086



SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE CBC ESR CBC Blood Group & RH Factor Blood and Urine Sugar Fasting Blood and Urine Sugar PP Lipid Profile Lipid Profile Total Cholesterol HDL LDL LDL LDL LDL Triglycerides HDL/LDL ratio HDL/LDL ratio Liver Profile AST AST ALT GGT Bilirubin (total, direct, indirect) ALP Proteins (T, Albumin, Globulin) Kidney Profile Serum creatinine Blood Urea Nitrogen Blood urea Nitrogen Uric Acid HBA1C Routine urine analysis USG Whole Abdomen General Tests X Ray Chest ECG 2D/3D ECHO / TMT Stress Test Thyroid Profile (T3, T4, TSH) Dental Check-up consultation Eye Check-u	LIST OF MEDICAL TESTS		
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