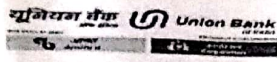


Health checkup at tie-up Ctr

HealthChkup Authorisatn letter



Union Bank of India  
RO - KARNAL  
FIRST FLOOR,ASA RAM MARKET,  
MODEL TOWN KARNAL, . . . 0

To,

The Chief Medical Officer

M/S Mediwheel  
https://mediwheel.in/signup011-  
41195959(A brand name of  
Arcofemi Healthcare Ltd),  
Mumbai400021

Dear Sir,

**Tie-up arrangement for Health Checkup under Health Checkup 40-50 Male**

Shri/Smt./Kum. JITENDER VIJ.,

P.F. No. 657316

Designation : CustomerService Associate(CSA)

Checkup for Financial Year

2024-  
2025

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

Yours Faithfully,

Thanking you,

(Signature of the Employee)

BRANCH MANAGER/SENIOR MANAGER



PS. : Status of the application- Sanctioned

Health checkup at tie-up Ctr

HealthChkup Authorisatr letter

Employee Request for Health Checkup at Tie-up Centre/Clinic

Employee Id 657316

Name JITENDER VIJ., Date of Birth 01/10/1981 Gender Male

Designation CustomerService Associate(CSA) Grade CLERK

Department RO - KARNAL Location BHAINI KALAN

I wish to undergo Health Checkup at M/S Mediwheel under tie up arrangement with our bank for the FinancialYear 2024-2025

The health checkup charges payable to above Centre as per bank's agreement with them is Rs. 3500.00

Kindly make the payment to them towards their health checkup charges after deducting TDS and Service Tax as applicable.

\*\*As bank is making payment to the above Centre/Clinic as per my request, I will undergo health checkup at above mentioned Centre only.

Submit Date of Request 21/05/2024 Status of the application Sanctioned

Approve Decline Approved by: 776988 Date 21/05/2024

Remarks, if declined Approved

Approver Name PRASHANT SHARMA..