

Health checkup at tie-up Ctr

HealthChkup Authorisatn letter



Union Bank of India

RO - HUBBALLI
1ST FLOOR, MOORUSAVIRAMATH
PRESS, BUILDING, NEW COTTON
MARKET ROAD, P.B. NO.619, - 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. NEELAKKANTHA,,

P.F. No. 638426

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.

Thanking you,

(Signature of the Employee)

कृते यूनियन बैंक ऑफ इंडिया
Yours Faithful

For Union Bank of India

BRANCH MANAGER/SENIOR MANAGER

मुख्य प्रबंधक/Chief Manager

हावेरी शाखा/HAVERI BRANCH-581110

PS. : Status of the application- Sanctioned