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## 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 Ca Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. LAHIRI SAURABHMOY
EC NO.	119153
DESIGNATION	CREDIT
PLACE OF WORK	SIRAKOL
BIRTHDATE	16-11-1992
PROPOSED DATE OF HEALTH CHECKUP	23-03-2024
BOOKING REFERENCE NO.	23M119153100101734E

This letter of approval / recommendation is valid if submitted along with copy of the Ba Baroda employee id card. This approval is valid from **18-03-2024** till **31-03-2024** The medical tests to be conducted is provided in the annexure to this letter. Please note the said health checkup is a **cashless facility** as per our tie up arrangement. We request v



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