| Health checkup at tie-up Ctr | HealthChkup Authorisatn letter |

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

Employee Id   687391

Name   PRABHAT KUMAR,.   **Date of Birth**   10/01/1970   **Gender**   Male

Designation   ASSISTANT MANAGER(RCoC)   **Grade**   SCALE 1 OFFICER

Department   RO - NEW DELHI   **Location**   RO - NEW DELHI

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.   4000.00

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 07/05/2024	Status of the application Sanctioned
Approve	Decline	Approved by: 649684	Date 13/05/2024

Remarks, if declined   Approved

Approver Name   TOMAR,RESHA

Health checkup at tie-up Ctr	HealthChkup Authorisatn letter

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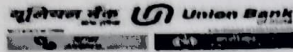
Union Bank of India

RO - NEW DELHI
FIRST FLOOR, NO.1, MGF
AUTOMOBILIES LTD, FAIZ ROAD,
JHANDEWALAN,, NEW DELHI 110005, -
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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   50-60 Male

Shri/Smt./Kum.   PRABHAT KUMAR,.

P.F. No.   687391   Designation :   ASSISTANT MANAGER(RCoC)

Checkup for Financial Year   2024-   **Approved Charges Rs.**   4000.00
2025
.   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,   Yours Faithfully,

(Signature of the Employee)   BRANCH MANAGER/SENIOR MANAGER

PS. : Status of the application-   **Sanctioned**