

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 spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

| PARTICULARS OF HEALTH CHECK UP BENEFICIARY          |                     |
|---|---------------------|
| NAME  | SEEMA SINGH         |
| DATE OF BIRTH                                       | 25-11-1982          |
| PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE | 23-12-2023          |
| BOOKING REFERENCE NO.                               | 23D101658100080178S |
| <b>SPOUSE DETAILS</b>                               |                     |
| EMPLOYEE NAME                                       | MR. SINGH AKHILESH  |
| EMPLOYEE EC NO.                                     | 101658              |
| EMPLOYEE DESIGNATION                                | BRANCH OPERATIONS   |
| EMPLOYEE PLACE OF WORK                              | KARCHHANA           |
| EMPLOYEE BIRTHDATE                                  | 13-06-1981          |

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 **19-12-2023** 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's spouse 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))



सत्यमेव जयते  
भारत सरकार



आधार

भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार

Unique Identification Authority of India

Government of India

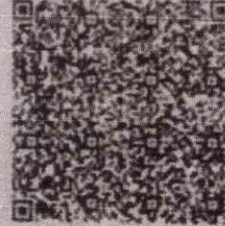
नामांकन क्रम / Enrollment No.: 1020/35045/15001

To  
सीमा सिंह  
Seema Singh  
W/O: Akhilesh Singh  
23b puradalet lilak nagar  
allahpur allahabad  
Allahabad \*\*  
Daraganj  
Allahabad Allahabad  
Uttar Pradesh 211006  
9537827681

180498494  
10/10/2014



ML804984942FT



आपका आधार क्रमांक / Your Aadhaar No. :

**6672 6666 4332**

आधार - आम आदमी का अधिकार

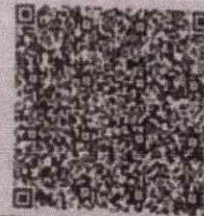


भारत सरकार

Government of India



सीमा सिंह  
Seema Singh  
जन्म तिथि / DOB : 25/11/1982  
महिला / Female



**6672 6666 4332**

आधार - आम आदमी का अधिकार