

**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 Cashless Annual Health Checkup provided by you in terms of our agreement.

<b>PARTICULARS</b>	<b>EMPLOYEE DETAILS</b>
NAME	MR. D DALAL MANOJ KUMAR
EC NO.	157146
DESIGNATION	HEAD CASHIER "E" _II
PLACE OF WORK	SURAT,PAL
BIRTHDATE	01-04-1969
PROPOSED DATE OF HEALTH CHECKUP	24-02-2024
BOOKING REFERENCE NO.	23M157146100089960E

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 **10-02-2024** 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 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**