



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.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. SHARMA ROHIT
EC NO.	183008
DESIGNATION	HEAD CASHIER "E" _II
PLACE OF WORK	DUDHIA
BIRTHDATE	18-05-1994
PROPOSED DATE OF HEALTH CHECKUP	11-06-2023
BOOKING REFERENCE NO.	23J183008100061608E

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 **09-06-2023** 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 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))

Residence Type Owned Rental/Leased 50,000 Lac 1-3 Lac 3-5 Lac 7.5-10 Lac 10-15 Lac Others (Please Specify)

There is no change in my permanent address/Contact Ancestral/Family Company Provided I wish to change my mailing/permanent address/contact details as below

PERMANENT ADDRESS
Flat No./ Bldg. Name
Road Name