

Apply for Health Chkup Tie-up

Favorites ▾ Main Menu ▾ > Psm 2fa > Apply for Health Chkup Tie-up

Health checkup at tie-up Ctr

HealthChkup Authorisatn letter



Union Bank of India

To,

RO - GOA
1ST FLOOR, NIZAMAR CENTRE,
ATMARAM BORKAR ROAD, , - 0

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 35-40 Female

Shri/Smt./Kum. . SARIKA,SAGAR SHENVI MALKARNEKAR

P.F. No. 659374 Designation : CustomerService Associate(CSA)

Checkup for Financial Year 2024-2025 Approved Charges Rs. 3000.00

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)

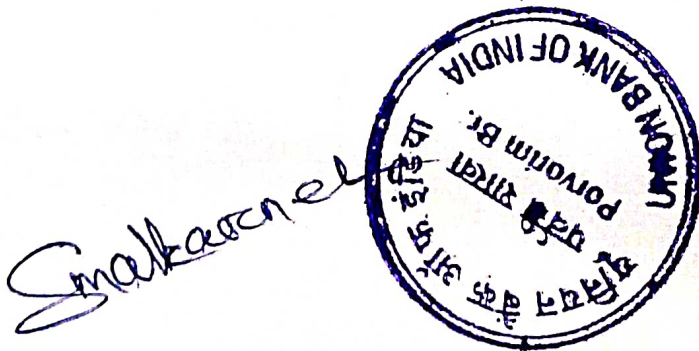
BRANCH MANAGER/SENIOR MANAGER

कृत युनियन बैंक ऑफ इंडिया
For Union Bank of India

शाखा प्रबंधक / Branch Manager
पर्वरी शाखा / PORVORIM BRANCH

PS. : Status of the application- Sanctioned

Health checkup at tie-up Ctr | HealthChkup Authorisatn letter



Apply for Health Chkup Tie-up

Favorites ▾ Main Menu ▾ > Psm 2fa > Apply for Health Chkup Tie-up

Health checkup at tie-up Ctr

HealthChkup Authorisatn letter

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

Employee Id 659374

Name . SARIKA,SAGAR SHENVI MALKARNEKAR Date of Birth 09/10/1988 Gender Female

Designation CustomerService Associate(CSA) Grade CLERK

Department RO - GOA Location PORVORIM GOA

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. 3000.00

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 24/05/2024

Status of the application Sanctioned

Approve

Decline

Approved by: 670388

Date 31/05/2024

Remarks, if declined

Approved

Approver Name MESHARAM,ANKIT MAHADEO

Health checkup at tie-up Ctr | HealthChkup Authorisatn letter

