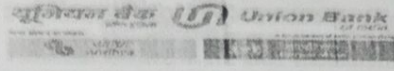


Health checkup at tie-up Ctr

HealthChkup Authorisatn letter



Union Bank of India

RO - MYSORE
NO.2254, KAUSALYA, THIRD FLOOR,
SOUTH WING, VINOBHA ROAD, - 0

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 40-50 Male

Shri/Smt./Kum. GOVINDA NAIKA D.,

P.F. No. 714604

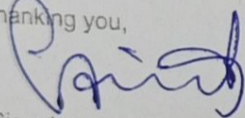
Designation : CustomerService Associate(CSA)

Checkup for Financial Year 2024-2025 Approved Charges Rs. 3500.00

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.

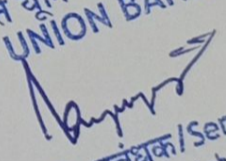
Please send the receipt of the above payment and the relevant reports to our above address.

Thanking you,


(Signature of the Employee)

Yours Faithfully,

BRANCH MANAGER/SENIOR MANAGER

कृते यूनियन बैंक ऑफ इंडिया
For UNION BANK OF INDIA

वरिष्ठ प्रबंधक/Senior Manager
लक्ष्मीपुरम, मैसूरु/Lakshmipuram, MYSURU-4

PS. : Status of the application- Sanctioned

