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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	SAVITA KUMAR
DATE OF BIRTH	01-08-1978
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	24-02-2024
BOOKING REFERENCE NO.	23M58546100087746S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. RAJKUMAR
EMPLOYEE EC NO.	58546
EMPLOYEE DESIGNATION	CURRENCYCHEST CUSTODIAN
EMPLOYEE PLACE OF WORK	DELHI,DARYAGANJ
EMPLOYEE BIRTHDATE	10-07-1968

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 **05-02-2024** 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's spouse and accord your top

