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## 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. SHUBHANKAR SHASHI
EC NO.	74558
DESIGNATION	CPC RETAIL
PLACE OF WORK	GANDHINAGAR, GIFT CITY, NATIONAL
BIRTHDATE	25-12-1983
PROPOSED DATE OF HEALTH CHECKUP	09-09-2023
BOOKING REFERENCE NO.	23S74558100066450E

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 **14-08-2023** till **31-03-2024**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the



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