

[Health checkup at tie-up Ctr](#)[HealthChkup Authorisatn letter](#)

Union Bank of India

RO - BANGALORE EAST  
NO.1/1, GROUND FLOOR, JEEVAN  
SAMPIGE, 2ND MAIN, SAMPIGE ROAD,  
MALLESWARAM, - 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. JAISWAL,DEVENDRA MOHAN

P.F. No. 629835 Designation : Senior Manager

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,

Yours Faithfully,

(Signature of the Employee)

BRANCH MANAGER/SENIOR MANAGER

**PS. : Status of the application- Sanctioned**[Health checkup at tie-up Ctr](#) | [HealthChkup Authorisatn letter](#)

