

Health checkup at tie-up Ctr

HealthChkup Authorisatn letter



Union Bank of India

To,  
The Chief Medical Officer  
M/S Mediwheel  
<https://mediwheel.in/signup011-41195959>(A brand name of  
Arcofemi Healthcare Ltd),  
Mumbai400021

RO - INDORE  
12-12 A JEEVAN PRAKASH, ANOOP  
NAGAR, LIG SQUARE, Indore- 731

Dear Sir,

**Tie-up arrangement for Health Checkup under Health Checkup 50-60 Male**

Shri/Smt./Kum. MEENA, RAM JEE LAL

P.F. No. 406689 Designation : Asst Manager

Checkup for Financial Year 2024-2025 **Approved Charges Rs. 4000.00**

. 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**

View Worklist