



To.

The Coordinator,
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

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   | SULATA MONDAL                  |  |
| DATE OF BIRTH  | 10-07-1988                     |  |
| PROPOSED DATE OF HEALTH 26-08-2024 CHECKUP FOR EMPLOYEE SPOUSE |                                |  |
| BOOKING REFERENCE NO.  | 24S167982100111828S            |  |
| SPOUSE DETAILS   |                                |  |
| EMPLOYEE NAME  | MR. BURMAN SUMAN DEB           |  |
| EMPLOYEE EC NO.  | 167982                         |  |
| EMPLOYEE DESIGNATION   | BRANCH HEAD                    |  |
| EMPLOYEE PLACE OF WORK   | KOLKATA,R N BISWAS LANE SEALDA |  |
| EMPLOYEE BIRTHDATE   | 04-07-1985                     |  |

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 23-08-2024 till 31-03-2025. 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 priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

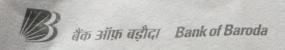
We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager HRM & Marketing Department Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.))





## List of tests & consultations to be covered as part of Annual Health Check-up

| S.No.   | For Male                            | For Female                               |
|---|-------------------------------------|--|
| 1   | CBC                                 | CBC                                      |
| 2   | ESR                                 | ESR Black Constant of Blue 5             |
| 3   | Blood Group & RH Factor             | Blood Group & RH Factor                  |
| 4   | Blood and Urine Sugar Fasting       | Blood and Urine Sugar Fasting            |
| 5   | Blood and Urine Sugar PP            | Blood and Urine Sugar PP                 |
| 6   | Stool Routine                       | Stool Routine                            |
|   | Lipid Profile                       | Lipid Profile                            |
| 7   | Total Cholesterol                   | Total Cholesterol                        |
| 8   | HDL                                 | HDL                                      |
| 9   | LDL                                 | LDL                                      |
| 10  | VLDL                                | VLDL                                     |
| 11  | Triglycerides                       | Triglycerides                            |
| 12  | HDL/ LDL ratio                      | HDL/ LDL ratio                           |
|   | Liver Profile                       | Liver Profile                            |
| 13  | AST                                 | AST                                      |
| 14  | ALT                                 | ALT                                      |
| 15  | GGT                                 | GGT                                      |
| 16  | Bilirubin (total, direct, indirect) | Bilirubin (total, direct, indirect)      |
| 17  | ALP                                 | ALP                                      |
| 18  | Proteins (T, Albumin, Globulin)     | Proteins (T, Albumin, Globulin)          |
| 10  | Kidney Profile                      | Kidney Profile                           |
| 19  | Serum Creatinine                    | Serum Creatinine                         |
| 20  | Blood Urea Nitrogen                 | Blood Urea Nitrogen                      |
|   | Uric Acid                           | Uric Acid                                |
| manifestation (1995)  | HBA1C                               | HBA1C                                    |
| and the second  | Routine Urine Analysis              | Routine Urine Analysis                   |
| March Control of the | USG Whole Abdomen                   | USG Whole Abdomen                        |
| 24  | General Tests                       | General Tests                            |
| 25  | X Ray Chest                         | X Ray Chest                              |
|   | ECG                                 | ECG                                      |
|   | 2D/3D ECHO / TMT                    | 2D/3D ECHO / TMT                         |
| ALCOHOLD SERVICE  |                                     | Gynaec Consultation                      |
| 28  | Stress Test                         | Pap Smear (above 30 years) & Mammography |
|   | PSA Male (above 40 years)           | (above 40 years)                         |
| 30  | Thyroid Profile (T3, T4, TSH)       | Thyroid Profile (T3, T4, TSH)            |
| 1 [   | Dental Check-up Consultation        | Dental Check-up Consultation             |
| 2 F   | Physician Consultation              | Physician Consultation                   |
| 3 E   | Eye Check-up Consultation           | Eye Check-up Consultation                |
| 4 5   | Skin/ENT Consultation               | Skin/ENT Consultation                    |

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