

ss to some facility. With permission

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. NATH AKHIL G
EC NO.	104058
DESIGNATION	HEAD CASHIER "E" II
PLACE OF WORK	PALAI
BIRTHDATE	09-08-1990
PROPOSED DATE OF HEALTH CHECKUP	12-08-2023
BOOKING REFERENCE NO.	23S104058100065468E

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



Auto/OK

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