

Health checkup at tie-up Ctr

HealthChkup Authorisatn letter



Union Bank of India

RO - ONGOLE  
2ND FLOOR, 37-1-406(25),, 2ND LINE,,  
BHAGYANAGAR,, ONGOLE 523001, - 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. GORANTLA RAMAKRISHNA,.

P.F. No. 763684

Designation :

Sr.CustomerService Assoc(CASH)

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 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,

  
(Signature of the Employee)

Yours Faithfully,

  
BRANCH MANAGER/SENIOR MANAGER

PS. : Status of the application- Sanctioned



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