

**RO - HUBBALLI**

**1ST FLOOR, MOORUSAVIRAMATH PRESS, BUILDING, NEW COTTON MARKET  
ROAD, P.B. NO.619, - 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 50-60 Female**

**Shri/Smt./Kumari. SUDHA MANJUNATH RAIKAR,.**

**P.F. No 628493**

**Designation: Asst Manager**

**Checkup for Financial Year: 2024**

**Approved Charges Rs. 5000**

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.

Our Pay order/DD No. 0 dated for Rs. 5000 (after deducting TDS, wherever applicable) towards the Health Checkup charges is enclosed. TDS Certificate, as applicable will be sent to you separately.

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

Status of the application- **Sanctioned**