

Health checkup at tie-up Ctr

HealthChkup Authorisatn letter



Union Bank of India
RO - VIJAYAWADA
Post Box No,441, 2nd Floor, Nataraj
Complex,, Governerpeth,, Krishna- 866

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 35-40 Female

Shri/Smt./Kum. KRITHIKKA SUNDER,.

P.F. No. 690088 Designation : Sr.CustomerService Assoc(CASH)

Checkup for Financial Year 2024-2025 **Approved Charges Rs.** 3000.00

. 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