

Health checkup at tie-up Ctr

HealthChkup Authorisatn letter

**Employee Request for Health Checkup at Tie-up Centre/Clinic**

Employee Id 449082

Name SATYAWATI,SATYAWATI Date of Birth 01/04/1979 Gender Female

Designation Asst Manager-Dy. Branch Head Grade SCALE 1 OFFICER

Department RO - NEW DELHI Location RAJOURI GARDEN

I wish to undergo Health Checkup at M/S Mediwheel  
under tie up arrangement with our bank for the FinancialYear 2024-2025

The health checkup charges payable to above Centre as per bank's agreement with them is Rs. 4500.00

Kindly make the payment to them towards their health checkup charges after deducting TDS and Service Tax as applicable.

\*\*As bank is making payment to the above Centre/Clinic as per my request, I will undergo health checkup at above mentioned Centre only.

Submit Date of Request 08/07/2024 Status of the application Sanctioned

Approve Decline Approved by: 649684 Date 09/07/2024

Remarks, if declined Approved

Approver Name TOMAR,RESHA

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Union Bank of India

RO - NEW DELHI  
FIRST FLOOR, NO.1, MGF  
AUTOMOBILIES LTD, FAIZ ROAD,  
JHANDEWALAN,, NEW DELHI 110005, -  
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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 Female**

Shri/Smt./Kum. SATYAWATI,SATYAWATI

P.F. No. 449082 Designation : Asst Manager-Dy. Branch Head

Checkup for Financial Year 2024-2025 **Approved Charges Rs.** 4500.00

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,

449082 *Saty*  
(Signature of the Employee)

Yours Faithfully,  
*743722*  
BRANCH MANAGER/SENIOR MANAGER



PS. : Status of the application- Sanctioned