

Health checkup at tie-up Ctr

HealthChkup Authorisatn letter

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

Employee Id 687942

Name REDDIVARI UPADA REDDY., Date of Birth 27/11/1987 Gender Female

Designation Manager (Branch Head) Grade SCALE 2 OFFICER

Department RO - HASSAN Location DODDAMANDIGANAHALLI

I wish to undergo Health Checkup at M/S Med/wheel  
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. 3000.00

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 05/08/2024

Status of the application Sanctioned

Approve

Decline

Approved by: 671227

Date 05/08/2024

Remarks, if declined

Approved

Approver Name B LALRAMHLUNA,.

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Union Bank of India

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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 35-40 Female

Shri/Smt./Kum. REDDIVARI UPADA REDDY,.

P.F. No. 687942 Designation : Manager (Branch Head)

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.

कृते यूनियन बँक ऑफ इंडिया  
For UNION BANK OF INDIA

Thanking you,

(Signature of the Employee)

Yours Faithfully,

सहायक प्रबंधक/Asst. Manager  
BRANCH MANAGER/SENIOR MANAGER  
डि.एम.हॉल, हासन/D.M.Hall, Hassan

PS. : Status of the application- Sanctioned