

**Sub: Annual Health Checkup for the employees of Bank of Baroda**

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. SOMANI DHEERAJ RAJENDRA
EC NO.	85078
DESIGNATION	HEAD CASHIER "E" _II
PLACE OF WORK	MALAD-PUNE
BIRTHDATE	25-05-1986
PROPOSED DATE OF HEALTH CHECKUP	23-09-2023
BOOKING REFERENCE NO.	23S85078100068386E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **02-09-2023** till **31-03-2024** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and