

To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

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

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

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	PRAMILA VALMIK THORAT
DATE OF BIRTH	12-08-1970
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	23-12-2023
BOOKING REFERENCE NO.	23D154227100079498S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. THORAT VALMIK BANSILAL
EMPLOYEE EC NO.	154227
EMPLOYEE DESIGNATION	HEAD CASHIER "E" _II
EMPLOYEE PLACE OF WORK	DEOLA
EMPLOYEE BIRTHDATE	18-08-1964

This letter of approval / recommendation is valid if submitted along with copy of t
Baroda employee id card. This approval is valid from **15-12-2023** till **31-03-2024**
medical tests to be conducted is provided in the annexure to this letter. Please n
said health checkup is a **cashless facility** as per our tie up arrangement. We re
attend to the health checkup requirement of our employee's spouse and acc
priority and best resources in this regard. The EC Number and the bookin
number as given in the above table shall be mentioned in the invoice, invariably

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact
Healthcare Limited))