



LETTER OF APPROVAL / RECOMMENDATION

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 employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. GHOSH SOUMIK
EC NO.	119356
DESIGNATION	BRANCH OPERATIONS
PLACE OF WORK	SARAIPALI
BIRTHDATE	10-10-1988
PROPOSED DATE OF HEALTH CHECKUP	25-11-2023
BOOKING REFERENCE NO.	23D119356100071642E

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 **09-10-2023** 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

