

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 **cashless Annual Health Checkup** provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	MOHAN B N
DATE OF BIRTH	01-07-1958
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	14-10-2023
BOOKING REFERENCE NO.	23D154137100070944S
SPOUSE DETAILS	
EMPLOYEE NAME	MS. UMA S N
EMPLOYEE EC NO.	154137
EMPLOYEE DESIGNATION	SPECIAL ASSISTANT
EMPLOYEE PLACE OF WORK	BANGALORE,SOUTH END ROAD
EMPLOYEE BIRTHDATE	03-07-1964

Letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **03-10-2023** till **31-03-2024**. The medical tests to be conducted is provided in the annexure to this letter. Please note that the health checkup is a **cashless facility** as per our tie up arrangement. We request you to comply to the health checkup requirement of our employee's spouse and accord your best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

Thank you for your co-operation in this regard.

Sincerely,

Sd/-

General Manager
Health Department
Bank of Baroda

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