



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 facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	BIMAN SAHOO
DATE OF BIRTH	10-12-1983
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	24-12-2023
BOOKING REFERENCE NO.	23D185225100080784S
SPOUSE DETAILS	
EMPLOYEE NAME	MS. SAHOO SHIVANI
EMPLOYEE EC NO.	185225
EMPLOYEE DESIGNATION	WEALTH EXECUTIVE
EMPLOYEE PLACE OF WORK	JAIPUR, AMBAWADI
EMPLOYEE BIRTHDATE	27-03-1989

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 22-12-2023 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's spouse and accord your top