



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	SONAL PUREKAR
DATE OF BIRTH	07-06-1987
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	13-03-2024
BOOKING REFERENCE NO.	23M65953100097052S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. PUREKAR DHANAJAY KRISHNA
EMPLOYEE EC NO.	65953
EMPLOYEE DESIGNATION	ESTATE MANAGEMENT
EMPLOYEE PLACE OF WORK	MUMBAI,BKC, BARODA CORPORATE C
EMPLOYEE BIRTHDATE	06-12-1980

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 **06-03-2024** till **31-03-2024**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the