



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. KUMAR MUNNA |
| EC NO. | 172483 |
| DESIGNATION | HEAD CASHIER "E" II |
| PLACE OF WORK | SIWAN-MAHARAJGANJ |
| BIRTHDATE | 23-06-1990 |
| PROPOSED DATE OF HEALTH CHECKUP | 23-12-2023 |
| BOOKING REFERENCE NO. | 23D172483100079350E |

