h checkup at tie-up Ctr

ee ld 660953

HealthChkup Authorisath letter

Employee Request for Health Checku

Name RANJAN, RAVI

Health Checkup at

629824

Approved

Date of Birth

Grade SCAL

Location CURF

The health checkup charges payable to above Centre as per bank's agreemen Kindly make the payment to them towards their health checkup charge

Date of Request 18/05/2024

Approved

by:

Approver Name GOSWAMI SASHI BHO

I wish to undergo under tie up arrangement with our bank for the FinancialYear

applicable.

Submit

Approve

Remarks, if declined

Department RO - GREATER PUNE

Designation Asst Manager

\*\*As bank is making payment to the above Centre/Clinic as per my request, I

Decline

M/S

HealthChkup Authorisatn letter

## Employee Request for Health Checkup at Tie-up Centre/Clinic

Employee Id 660953

Name RANJAN, RAVI

Date of Birth

10/09/1973 Gender Male

**Designation Asst Manager** 

Grade SCALE 1 OFFICER

Department RO - GREATER PUNE

CURRENCY CHEST PUNE

I wish to undergo

Health Checkup at

Location

M/S Mediwheel

under tie up arrangement with our bank for the FinancialYear

2024-2025

The health checkup charges payable to above Centre as per bank's agreement with them is Rs.

4000.00

Kindly make the payment to them towards their health checkup charges after deducting TDS and Service Tax as applicable.

\*\*As bank is making payment to the above Centre/Clinic as per my request, I will undergo health checkup at above mentioned Centre only.

629824

Submit Date of Request 18/05/2024

Decline

Status of the application Sanctioned

Approve

Approved by:

Date 18/05/2024

Remarks, if declined

Approved

Approver Name GOSWAMI SASHI BHUSHAN,.

Chinchwad

Pung 477033

urrency