



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

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	DEEPAK KUMAR
DATE OF BIRTH	11-09-1989
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	09-03-2024
BOOKING REFERENCE NO.	23M169120100095694S
<b>SPOUSE DETAILS</b>	
EMPLOYEE NAME	MS. JHA SWATI
EMPLOYEE EC NO.	169120
EMPLOYEE DESIGNATION	SINGLE WINDOW OPERATOR A
EMPLOYEE PLACE OF WORK	HYDERABAD,MIYAPUR
EMPLOYEE BIRTHDATE	20-05-1988

This letter of approval / recommendation is valid if submitted along with copy of Baroda employee id card. This approval is valid from **02-03-2024** till **31-03-2024**. Please attend to the health checkup requirement of our employee's spouse and attend to the health checkup is a **cashless facility** as per our tie up arrangement. We request you to provide priority and best resources in this regard. The EC Number and the booking number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager  
HRM Department  
Bank of Baroda**

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