



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	NABANITA ROY BARUI
DATE OF BIRTH	30-03-2001
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	12-01-2024
BOOKING REFERENCE NO.	23M120978100081338S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. ROY PRANOY
EMPLOYEE EC NO.	120978
EMPLOYEE DESIGNATION	SINGLE WINDOW OPERATOR A
EMPLOYEE PLACE OF WORK	BHANDHRGACHHA
EMPLOYEE BIRTHDATE	02-01-1991

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 **29-12-2023** till **31-03-2024**. The list of tests to be conducted is provided in the annexure to this letter. Please note that the