

LETTER OF APPROVAL / RECOMMENDATION

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ne Coordinator,  
ediwheel (Arcofemi Healthcare Limited)  
elpline number: 011- 41195959

ear 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. SWAIN RATNAKAR
EC NO.	170593
DESIGNATION	HEAD CASHIER "E" _II
PLACE OF WORK	BANGALORE, JALAHALLI
BIRTH DATE	05-07-1974
PROPOSED DATE OF HEALTH CHECKUP	23-12-2023
BOOKING REFERENCE NO.	23D170593100079296E

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 **14-12-2023** till **31-03-2024**. The medical tests to be conducted is provided in the annexure to this letter. Please note that the health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority resources in this regard. The EC Number and the booking reference number as mentioned in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**General Manager**  
**Medical Department**  
**Bank of Baroda**