Pavones = Main Menu = s Pen 2fa : Apply for Health Chkup Tie-up

| Health checkup at tie-up Ctr | HealthChkup Authorisatn letter |
|---|---|
| (*) | |
| 4 | |
| | Union Bank of India |
| To, | RO - GUNTUR 26-21-22, G T ROAD, NAGARAMPALEM,, GUNTUR 523004, Andhra Pradesh, - 0 |
| The Chief Medical Officer | Control Cozood, Andria Pladosh, - 0 |
| M/S Mediwheel https://mediwheel.in/signup0 41195959(A brand name of Arcofemi Healthcare Ltd), Mumbai400021 Dear Sir, | 11- |
| Tie-up arrangement for | Health Checkup under Health Checkup 35-40 Female |
| Shri/Smt./Kum. BOGA | DHI,LOVATALLI |
| P.F. No. 664104 | Designation : Manager |
| Checkup for Financial Ye | |
| | 2024 I staff member of our Branch/Office desires to undergo Health Checkup at your der the tie-up arrangement entered into with you, by our bank. |
| . Please send the recei | pt of the above payment and the relevant reports to our above address. |
| Thanking you, | Yours Faithfully |
| (Signature of the Employee) | BRANCH MANAGER/SENIOR MANAGER 61 |
| PS. : Status of the applica | ation- Sanctioned |