

Health checkup at tie-up Ctr

HealthChkup Authorisatn letter



Union Bank of India

RO - CHENNAI NORTH  
139, BROADWAY, , , Chennai- 44

To,

The Chief Medical Officer

M/S Mediwheel  
<https://mediwheel.in/signup011-41195959>(A brand name of  
Arcofemi Healthcare Ltd),  
Mumbai400021

Dear Sir,

**Tie-up arrangement for Health Checkup under Health Checkup**

**50-60 Female**

**Shri/Smt./Kum. R VALLIAMMAL,.**

**P.F. No. 628791**

**Designation :**

**FULL-TIME HOUSEKEEPER-cum-PEON**

**Checkup for Financial Year**

**2023-  
2024**

**Approved Charges Rs.**

**5000.00**

The above mentioned staff member of our Branch/Office desires to undergo Health Checkup at your Hospital/Centre/Clinic, under the tie-up arrangement entered into with you, by our bank.

Please send the receipt of the above payment and the relevant reports to our above address.

Thanking you,

(Signature of the Employee)



BRANCH MANAGER/SENIOR MANAGER

**PS. : Status of the application- Sanctioned**

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