

[Health checkup at tie-up Ctr](#)[HealthChkup Authorisatn letter](#)

Union Bank of India

RO - VISHAKHAPATNAM  
D. No. 47-7-30/2, Mohan Mansion, 2nd  
Floor, 4th Lane, Dwarkanagar,  
Visakhapatnam, A.P., Pin - 530 01

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      40-50 Male****Shri/Smt./Kum.**    K VENKATA RAMA KRISHNA,.

P.F. No.    689521

Designation :    Asst Manager

**Checkup for Financial Year**    2024-2025    **Approved Charges Rs.**    3500.00

.    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,

Yours Faithfully,

(Signature of the Employee)

BRANCH MANAGER/SENIOR MANAGER

**PS. : Status of the application-    Sanctioned**[View Worklist](#)[Previous in Worklist](#)[Next in Worklist](#)