

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	POOJA RAJURKAR
DATE OF BIRTH	16-03-1992
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	13-01-2024
BOOKING REFERENCE NO.	23M124389100078328S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. GUPTA UTKARSH
EMPLOYEE EC NO.	124389
EMPLOYEE DESIGNATION	CREDIT
EMPLOYEE PLACE OF WORK	INDORE, SUKHALIYA
EMPLOYEE BIRTHDATE	12-02-1992

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 **07-12-2023** till **31-03-2024**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to