



LETTER OF APPROVAL / RECOMMENDATION

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 employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. SHARMA NITIN
EC NO.	115774
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	DAHMI KALAN
BIRTHDATE	16-07-1996
PROPOSED DATE OF HEALTH CHECKUP	13-05-2023
BOOKING REFERENCE NO.	23J115774100059542E

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 **12-05-2023** till **31-03-2024** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the