

Health checkup at tie-up Ctr

HealthChkup Authorisatn letter



Union Bank of India  
RO - PUNE METRO  
"JEEVAN PRAKASH", 6/7, L.I.C. BLDG.,  
University Rd, p.b.no.960, Shivaji Nagar,  
Pune, maharashtra, Pin

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 Male**

Shri/Smt./Kum. VIPIN KUMAR YADAV,.

P.F. No. 686437 Designation : Manager

Checkup for Financial Year 2023-2024 Approved Charges Rs. 4000.00

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)

Yours Faithfully,

BRANCH MANAGER/SENIOR MANAGER



PS. : Status of the application- Sanctioned

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**Employee Request for Health Checkup at Tie-up Centre/Clinic**

Employee Id 686437

Name VIPIN KUMAR YADAV., Date of Birth 25/11/1973 Gender Male

Designation Manager Grade SCALE 2 OFFICER

Department ZO PUNE Location ZAO PUNE

I wish to undergo Health Checkup at M/S Mediwheel

under tie up arrangement with our bank for the FinancialYear 2023-2024

The health checkup charges payable to above Centre as per bank's agreement with them is Rs. 4000.00

Kindly make the payment to them towards their health checkup charges after deducting TDS and Service Tax as applicable.

\*\*As bank is making payment to the above Centre/Clinic as per my request, I will undergo health checkup at above mentioned Centre only.

Submit

Date of Request 29/02/2024

Status of the application Sanctioned

Approve

Decline

Approved by: 472101

Date 02/03/2024

Remarks, if declined

Approved

Approver Name KUMAR,VINOD

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