Chief General Manager HRM Department Bank of Baroda (Note: This is a computer generated latter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))	Sd/-	Yours faithfully,	We solicit your co-operation in this regard.	said health checkup is a <b>cashless facility</b> as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.	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 <b>04-08-2023</b> till <b>31-03-2024</b> The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the	BOOKING REFERENCE NO. 23S153967100065578E	PROPOSED DATE OF HEALTH 08-08-2023 CHECKUP		PLACE OF WORK CHENNAI, ZIAD CHENNAI	DESIGNATION SINGLE WINDOW OPERATOR		NAME MS. J SARAH SANDHYA	PARTICULARS EMPLOYEE DETAILS	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.	Sub: Annual Health Checkup for the employees of Bank of Baroda	Dear Sir / Madam,	The Coordinator, Mediwheel (Arcofemi Healthcare Limited) Helpline number: 011- 41195959	To,	LETTER OF APPROVAL / RECOMMENDATION	Bank of Bangdo
se contact Mediwheel (Arcofemi				ment. We request you to ord your top priority and ance number as given in	with copy of the Bank of II <b>31-03-2024</b> The list of ter. Please note that the	165578E	23	55	CHENNAI	DPERATOR B	7	SANDHYA	DETAILS	ail the facility of Cashless	roda				ION	