

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. CHURI SHAILENDRA N
EC NO.	161596
DESIGNATION	HEAD CASHIER "E" _II
PLACE OF WORK	THANE,SHREE NAGAR
BIRTHDATE	03-01-1970
PROPOSED DATE OF HEALTH CHECKUP	25-12-2023
BOOKING REFERENCE NO.	23D161596100079012E

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 **13-12-2023** 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 *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.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda