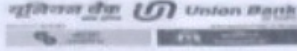


Health checkup at tie-up Ctr

HealthCheckup Authorisatn letter



Union Bank of India

RO - HYDERABAD PUNJAGUTTA  
2nd FLOOR , PRESTIGE RAI TOWERS,  
OPP.NIMS ,PUNJAGUTTA ROAD.,  
ABOVE CROMA SHOWROOM.,  
Hyderabad- 40

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 40-50 Male**

Shri/Smt./Kum. ARVIND KANALA,

P.F. No. 771712

Designation : CustomerService Associate(CSA)

Checkup for Financial Year 2024-2025 **Approved Charges Rs. 3500.00**

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**