



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

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	LEENA BHATTACHARJYA
DATE OF BIRTH	20-02-1979
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	22-02-2024
BOOKING REFERENCE NO.	23M90633100090968S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. BHATTACHARJYA DEBDULAL
EMPLOYEE EC NO.	90633
EMPLOYEE DESIGNATION	SINGLE WINDOW OPERATOR A
EMPLOYEE PLACE OF WORK	DANKUNI
EMPLOYEE BIRTHDATE	31-12-1971

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 **15-02-2024** till **31-03-2024**. The medical tests to be conducted is provided in the annexure to this letter. Please note that 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's spouse and accord your 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**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))