

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 Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MS. DE MOWMITA NANDY
EC NO.	159591
DESIGNATION	SINGLE WINDOW OPERATOR B
PLACE OF WORK	BARASAT
BIRTHDATE	09-02-1982
PROPOSED DATE OF HEALTH CHECKUP	13-01-2024
BOOKING REFERENCE NO.	23M159591100078950E

This letter of approval / recommendation is valid if submitted along with copy of the Baroda employee id card. This approval is valid from **12-12-2023** 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 and accord your top best resources in this regard. The EC Number and the booking reference number mentioned 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))