

The Coordinator,
Newwheel (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 ~~Business~~ Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY

NAME	RINI RANIMORANG
DATE OF BIRTH	25-05-2022
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	25-11-2023
BOOKING REFERENCE NO.	23D156051100071284S

SPOUSE DETAILS

EMPLOYEE NAME	MR. MORANG PREMADHAR
EMPLOYEE EC NO.	156051
EMPLOYEE DESIGNATION	BRANCH HEAD
EMPLOYEE PLACE OF WORK	THANE, VIRAR EAST
EMPLOYEE BIRTHDATE	20-01-1968

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 **06-10-2023** till **31-03-2024**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that this 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 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