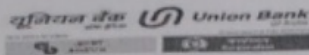


Health checkup at tie-up Ctr

HealthChkup Authorisatn letter



Union Bank of India  
RO - DELHI NORTH  
334/350 JKHAZOR ROAD, NEAR  
JOSHI ROAD, KAROL BAGH, - 0

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. MISHRA,SACHIN

P.F. No. 609998

Designation : Asst Manager

Checkup for Financial Year	2023-2024	<b>Approved Charges Rs.</b>	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