

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

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	POONAM NARESHMULCHANDANI
DATE OF BIRTH	16-09-1964
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	26-08-2023
BOOKING REFERENCE NO.	23S44663100066572S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. MULCHANDANI NARESH GIRDHARILAL
EMPLOYEE EC NO.	44663
EMPLOYEE DESIGNATION	
EMPLOYEE PLACE OF WORK	GANDHINAGAR,RO GANDHINAGAR
EMPLOYEE BIRTHDATE	31-12-1964

This letter of approval / recommendation is valid if submitted along with copy of Baroda employee id card. This approval is valid from **16-08-2023** till **31-03-2023**. The medical tests to be conducted is provided in the annexure to this letter. Please note that the 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 the highest priority and best resources in this regard. The EC Number and the booking 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))