| Το   | HealthChkup Authorisatn letter  |
|--|---|
| Γο   | Lancian dan (D) Union Bank  |
| Γο   | Automatical and a second and a se |
| Γο   | Union Bank of India   |
| 10   | RO - LUCKNOW  |
|  | IST FLOOR, UNION BANK BHAVAN,<br>VIBHUTI KHAND GOMTI NAGAR, Uttar   |
| The Chief Medical Officer  | Pradesh, Lucknow- 522   |
| M/S Mediwheel<br>https://mediwheel.in/signup01<br>41195959(A brand name of<br>Arcofemi Healthcare Ltd),<br>Mumbai400021<br>Dear Sir, | 1-  |
| Tie-up arrangement for H   | lealth Checkup under Health Checkup 35-40 Male  |
| Shri/Smt./Kum. SRIVAS1   | TAVA, SHOBHIT   |
| P.F. No. 532204  | Designation : Senior Manager  |
| Checkup for Financial Year   | Approved Charges Rs. 2200.00  |
| The above mentioned sta<br>Hospital/Centre/Clinic, under t   | 2024 aff member of our Branch/Office desires to undergo Health Checkup at y<br>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,  | Yours Faithfully,   |
| (Signature of the Employee)  | BRANCH MANAGER/SEN OR MANAGER   |
| C OBJON  |   |
| PS. : Status of the application-   | - Senctioned  |
|  |   |
| checkup at tie-up Ctr   HealthCh   | kup Authonsath letter   |

