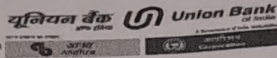


Health checkup at tie-up Ctr

HealthChkup Authorisatn letter



Union Bank of India

RO - VISHAKHAPATNAM  
D. No. 47-7-30/2, Mohan Mansion, 2nd  
Floor, 4th Lane, Dwarkanagar,  
Visakhapatnam, A.P., Pin - 530 01

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. NAIDU,BAIPUREDDY APPALA**

**P.F. No. 700003 Designation : CustomerService Associate(CSA)**

**Checkup for Financial Year 2024-2025 Approved Charges Rs. 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,

*B. Appalareddy*  
(Signature of the Employee)

Yours Faithfully,

*[Signature]*  
7-191  
BRANCH MANAGER/SENIOR MANAGER  
**Branch Manager**  
Union Bank of India  
Adarshnagar Br.-13961  
Visakhapatnam



**PS. : Status of the application- Sanctioned**