



LETTER OF APPROVAL / RECOMMENDATION

To,  
The Coordinator,  
Mediwheel (Arofomi 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 employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MRS. DESAI JAGRUTI NIRAV
EC NO.	57431
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	MUMBAI, BORIVALI EAST
BIRTHDATE	02-11-1965
PROPOSED DATE OF HEALTH CHECKUP	09-12-2023
BOOKING REFERENCE NO.	23D57431100076038E

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 **22-11-2023** till **31-03-2024**. The medical tests to be conducted is provided in the annexure to this letter. Please note that 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 and accord your top priority to 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**  
**RM Department**  
**Bank of Baroda**

*This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arofomi Healthcare Limited))*