

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

<b>PARTICULARS OF HEALTH CHECK UP BENEFICIARY</b>	
NAME	DARSHANA NATHURAM SHEDGE
DATE OF BIRTH	07-05-1993
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	10-02-2024
BOOKING REFERENCE NO.	23M172631100084678S
<b>SPOUSE DETAILS</b>	
EMPLOYEE NAME	MR. PATIL VIVEK N
EMPLOYEE EC NO.	172631
EMPLOYEE DESIGNATION	BRANCH HEAD
EMPLOYEE PLACE OF WORK	SHRIWARDHAN 1SO
EMPLOYEE BIRTHDATE	03-07-1988

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 **18-01-2024** till **31-03-2024**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the