

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

NAME PARTICULARS	OF HEALTH CHECK UP BENEFICIARY
DATE OF BIRTH	NIRVESH GOUR
PROPOGED BLEE	24 22
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	20.00.000
BOOKING REFERENCE NO.	23S112815100070636S
	SPOUSE DETAILS
EMPLOYEE NAME	MRS. KURMI GOUR VIDYA
EMPLOYEE EC NO.	112815
EMPLOYEE DESIGNATION	BRANCH OPERATIONS
EMPLOYEE PLACE OF WORK	BHOPAL, BERASIA ROAD
EMPLOYEE BIRTHDATE	05-06-1988

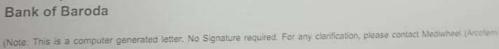
This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from 29-09-2023 till 31-03-2024. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup 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 your top priority and 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.

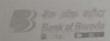
We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager HRM Department Bank of Baroda





Healthcare Limited))

