

Health checkup at tie-up Ctr

HealthChkup Authorisatn letter



Union Bank of India

RO - HYDERABAD PUNJAGUTTA  
2nd FLOOR , PRESTIGE RAI TOWERS,  
OPP.NIMS ,PUNJAGUTTA ROAD,,  
ABOVE CROMA SHOWROOM,,  
Hyderabad- 40

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 35-40 Female**

Shri/Smt./Kum. PRATAP SARITHA,.

P.F. No. 667719

Designation : CustomerService Associate(CSA)

Checkup for Financial Year 2024-2025 **Approved Charges Rs. 3000.00**

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,

*P. Saritha*  
(Signature of the Employee)

Yours Faithfully,

BRANCH MANAGER/SENIOR MANAGER



PS. : Status of the application- Sanctioned