

LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator, MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

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.

EMPLOYEE DETAILS
MS. SINGH HIMANGI
116053
JOINT MANAGER
NEW DELHI, NAWADA VILLAGE
30-07-1992
26-10-2024
24D116053100118272E

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 23-10-2024 till 31-03-2025 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 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.

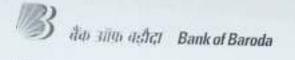
We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager HRM & Marketing Department Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Med/Wheel (M/s. Arcelemi Healthcare Pvf. Ltd.))





To,

The Coordinator, MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

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.

PARTICULARS	OF HEALTH CHECK UP BENEFICIARY	
NAME	KRISHNAKANT KATARIYA	
DATE OF BIRTH	01-07-1991	
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	26-10-2024	
BOOKING REFERENCE NO.	24D116053100118274S	
	SPOUSE DETAILS	
EMPLOYEE NAME	MS. SINGH HIMANGI	
EMPLOYEE EC NO.	116053	
EMPLOYEE DESIGNATION	JOINT MANAGER	
EMPLOYEE PLACE OF WORK	NEW DELHI NAWADA VILLAGE	
EMPLOYEE BIRTHDATE	30-07-1992	

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 23-10-2024 till 31-03-2025. 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 & Marketing Department Bank of Baroda

(Note: This is a computer generated letter, No Signature required. For any clarification, please contact Mod Wheel (Mrs. Arceform Healthcare Pvt. Ltd.))