

10.

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 BENEFICI	ARY
NAME	SHASHANK SHEKHAR	a commence e comprese de la comprese del la comprese de la comprese de la comprese del la comprese de la comprese del la comprese de la comprese del la comprese della
DATE OF BIRTH	25-02-1992	aliantikia maka musia waisi wa mwani wakitia mwakitia mpi njenini tiki wa mjinini wa mwaki
PROPOSED DATE OF HEALTH	27-10-2024	ukannye dikan kepiratika dikudiken (kata-laka) interior dikandan dikubi (hiji ang anjibi (hata-hiji) na biland I
CHECKUP FOR EMPLOYEE		
SPOUSE		and the same and the product on the Street S
BOOKING REFERENCE NO.	24D119804100118562S	
	SPOUSE DETAILS	
EMPLOYEE NAME	MRS. ANUPRIYA	
EMPLOYEE EC NO.	119804	
EMPLOYEE DESIGNATION	BRANCH OPERATIONS	
EMPLOYEE PLACE OF WORK	PAHARPUR	
EMPLOYEE BIRTHDATE	11-03-1992	

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 24-10-2024 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.

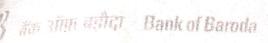
We solicit your co-operation in this regard.

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 MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.))





List of tests & consultations to be covered as part of Annual Health Check-up

- No 1	For Male	For Female	
5.No.	CBC	CBC	
and the second	ESR	ESR	
2	Blood Group & RH Factor	Blood Group & RH Factor	
3	Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting	
4	Blood and Urine Sugar PP	Blood and Urine Sugar PP	
5	Stool Routine		
6	Stool Routine	Lipid Profile	
	Lipid Profile	Total Cholesterol	
7	Total Cholesterol	HDL	
8	HDL	LDL	
9	LDL	VLDL	
10	VLDL	Triglycerides	
11	Triglycerides	LIDI / I DI ratio	
12	HDI / I DL ratio	Liver Profile	
12	Liver Profile		
13	AST	AST	
14	ALT	ALT	
1	CCT	GGT Bilirubin (total, direct, indirect)	
15	- direct indirect)	ALD.	
16	ALD	(T. Albumin, Globulin)	
17	Destains (T. Albumin, Globulin)	Kidney Profile	
18	Kidney Profile	Serum Creatinine	
-	Caratining	Blood Urea Nitrogen	
1	Libra Nitrogen	Uric Acid	
1		LIDA1C	
	- LIBAIC	Poutine Urine Analysis	
	Dauting Urine Analysis	USG Whole Abdomen General Tests	
_	24 USG Whole Abdomen General Tests	X Ray Chest	
-	25 X Ray Chest	ECG TMT	
	500	2D/3D ECHO / TMT	
	2D/3D ECHO / TMT	Gynaec Consultation Pap Smear (above 30 years) & Mammography	
	Stress Test	(above 40 years)	
-	-a. Mala (above 40 years)		
2	9 PSA Male (above 1)	Dantal Check-UD Consumer	
1-3	Thyroid Profile (T3, T4, TSH) O Thyroid Profile (Consultation		
		Chock-IID Collsultation	
		Skin/ENT Consultation	
1 -	Oh cold iin Colladia		
	3 Eye Check-up 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		
