

[Health checkup at tie-up Ctr](#)[HealthChkup Authorisatn letter](#)

Union Bank of India

RO - GREATER KOLKATA
3, MIDDLETON ROW, GROUND FLOOR,,
PARK, STREET,, KOLKATA 700 071., - 0

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**50-60 Male****Shri/Smt./Kum. ANIRUDHA GHOSHAL,.****P.F. No. 679422****Designation :****CustomerService Associate(CSA)****Checkup for Financial Year**2024-
2025**Approved Charges Rs.****4000.00**

The above mentioned staff member of our Branch/Office desires to undergo Health Checkup at 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,

Yours Faithfully,

(Signature of the Employee)

BRANCH MANAGER/SENIOR MANAGER

PS. : Status of the application- Sanctioned