



बैंक ऑफ बरोडा Bank of Baroda



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	SUSMITA CHAKRABORTY
DATE OF BIRTH	30-06-1988
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	09-11-2024
BOOKING REFERENCE NO.	24D1150391001198685
SPOUSE DETAILS	
EMPLOYEE NAME	MR. CHAKRABORTY UTPAL
EMPLOYEE EC NO.	115039
EMPLOYEE DESIGNATION	SENIOR CUSTOMER SERVICE ASSOCIATE(CASH)
EMPLOYEE PLACE OF WORK	CHINSURA
EMPLOYEE BIRTHDATE	10-04-1982

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 **06-11-2024** 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.)