

Health checkup at tie-up Cir

Health Checkup Authorisation letter



Union Bank of India

RD - GREATER PUNE
201/202, 2ND FLOOR,, STELLAR
ENCLAVE, D.P. ROAD,, NEAR PARIHAR
CHOWK, AUNDH. - 0

To:

The Chief Medical Officer

M/S Medwheel
<https://medwheel.in/signup011-41185859>(A brand name of
Amnformi Healthcare Ltd),
Mumbai400021

Dear Sir,

Tie-up arrangement for Health Checkup under Health Checkup 50-50 Male


Shri/Smt./Kum. KUMAR SWAMY,

P.F. No. 645792 Designation : Manager-Dy. Branch Head

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 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,

(Signature of the Employee)

Yours Faithfully,


BRANCH MANAGER/SENIOR MANAGER



PS : Status of the application- Sanctioned