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	PUBALI GUPTA
DATE OF BIRTH	08-12-1967
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	15-11-2024
BOOKING REFERENCE NO	24015645810012712455
SPOUSE DETAILS	
EMPLOYEE NAME	MR. GUPTA DEBASISH
EMPLOYEE EC NO	156458
EMPLOYEE DESIGNATION	OFFICER ON SPECIAL DUTY
EMPLOYEE PLACE OF WORK	KOLKATA,RO GREATER KOLKATA
EMPLOYEE BIRTHDATE	12-01-1965

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 **12-11-2024** 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.))