



LETTER OF APPROVAL / RECOMMENDATION

To:

The Coordinator
MediWheel (M/s. Arcofem) 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 employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MS. CHOJDIARY DEEP PRABHA
EC NO.	181236
DESIGNATION	JOINT MANAGER
PLACE OF WORK	AHMEDABAD, JUHAPURA MAIN
BIRTHDATE	03-10-1985
PROPOSED DATE OF HEALTH CHECKUP	23-11-2024
BOOKING REFERENCE NO.	24D161236100123560E

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 **22-11-2024** 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 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 copy. No Signature required. For any clarification, please contact MediWheel (M/s. Arcofem) Healthcare Pvt. Ltd.)



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	DEEPAK KUMAR
DATE OF BIRTH	10-05-1984
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	23-11-2024
BOOKING REFERENCE NO.	24D1612361001236988
SPOUSE DETAILS	
EMPLOYEE NAME	MS. CHUDHARY DEEP PRABHA
EMPLOYEE EC NO.	161236
EMPLOYEE DESIGNATION	JOINT MANAGER
EMPLOYEE PLACE OF WORK	AHMEDABAD, JUHAPURA MAIN
EMPLOYEE BIRTHDATE	03-10-1985

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 **22-11-2024 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,

S/-

**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.)