List of tests & consi



🐻 तेक ऑफ बडीदा Bank of Baroda

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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.

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PARTICULARS	OF HEALTH CHECK UP BENEFICIARY
NAME DATE OF BIRTH PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	SUBHRA SANTOSH MOHANTT 02-07-1982 14-12-2024
BOOKING REFERENCE NO.	24D94205100124356S SPOUSE DETAILS
EMPLOYEE NAME	MRS. DAS KOMILA
EMPLOYEE EC NO. EMPLOYEE DESIGNATION	94205 BRANCH HEAD
EMPLOYEE PLACE OF WORK EMPLOYEE BIRTHDATE	BANKUAL 01-07-1982

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 **26-11-2024** 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 clanification, please contact Med/Wheel (Mis. Accolem: Healthcare Pvt. Ltd.))

यनव संसारन प्रसारन विश्वल, प्रधान कार्यनव, स्रहा तन, "बहीटा भवन", अनसपुरी, बहीटा-390007(भारत) Human Resources Management Department, Head Office, 6* Floor, "Baroda Bhavan", Alkapuri, Baroda-390007 (India)