

LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,  
Medi/Wheel (M/s. Arcotemi 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	MR. SWAMI SATYENDRA
EC NO.	107405
DESIGNATION	CREDIT
PLACE OF WORK	MORBI,MAHENDRANAGAR
BIRTHDATE	22-07-1988
PROPOSED DATE OF HEALTH CHECKUP	11-01-2025
BOOKING REFERENCE NO.	24M107405100124508E

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 27-11-2024 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 letter, No Signature required. For any clarification, please contact Medi/Wheel (M/s. Arcotemi Healthcare Pvt. Ltd.))