

[Health checkup at tie-up Ctr](#)
[HealthChkup Authorisatn letter](#)

Employee Request for Health Checkup at Tie-up Centre/Clinic

Employee Id 640118

Name M MUNEDRA SINGH., **Date of Birth** 06/06/1979 **Gender** Male

Designation Senior Manager **Grade** SCALE 3 OFFICER

Department RO - MYSORE **Location** RVC MYSURU

I wish to undergo Health Checkup at M/S Mediwheel
 under tie up arrangement with our bank for the Financial Year 2023-2024

The health checkup charges payable to above Centre as per bank's agreement with them is Rs. 3500.00

Kindly make the payment to them towards their health checkup charges after deducting TDS and Service Tax as applicable.

**As bank is making payment to the above Centre/Clinic as per my request, I will undergo health checkup at above mentioned Centre only.

Date of Request 25/10/2023

Status of the application Sanctioned

Approved by: 630172

Date 29/01/2024

Remarks, if declined

Approved

Approver Name ANITHA D P.

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