



LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,  
Mediwheel (Arcofemi Healthcare Limited)  
Helpline number: 011- 41195959

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	MRS. AWASTHI KRITIKA
EC NO.	117086
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	KANPUR, SHYAM NAGAR
BIRTHDATE	21-07-1991
PROPOSED DATE OF HEALTH CHECKUP	14-08-2021
BOOKING REFERENCE NO.	21S117086100002010E

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 **11-08-2021** till **31-03-2022** 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 Department**  
**Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))



बैंक ऑफ़ बड़ौदा  
Bank of Baroda



नाम  
Name

KRITIKA TANDON

कर्मचारी कूट क्र.  
E.C. No.

117086

जारीकता प्राधिकारी  
Issuing Authority

धारक के हस्ताक्षर  
Signature of Holder

आयकर विभाग  
INCOME TAX DEPARTMENT

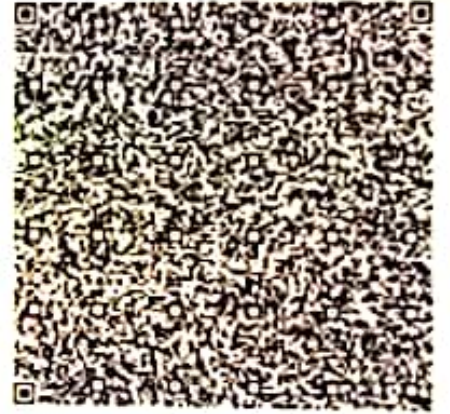


भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

APAPT8803R



नाम / Name

KRITIKA AWASTHI

पिता का नाम / Father's Name

SANJAY TANDON

जन्म की तारीख / Date of Birth

21/07/1991

हस्ताक्षर / Signature