



**BILL OF SUPPLY (Original)**  
**INDRA DIAGNOSTIC CENTRE**  
 (Unit Of Chandan Healthcare Ltd.)  
 Add: Kamla Nehru Road, Old Katra, Prayagraj  
 Ph: 9235447965,0532-2548257  
 Email: customercare@chandan.co.in

ISO 9001:2015



CIN :U85110DL2003PLC308206      GSTIN :09AACCC1996N1Z2      HSN :999316

|                   |                         |   |  |
|-------------------|-------------------------|---|--|
| <b>Name</b>       | Mr.Sanjay Kumar - 55778 | <b>Bill</b>   | ALDPB/21-22/00023839                               |
| <b>Age/Gender</b> | 58 Y 4 M 16 D /Male     | <b>Visit/Reg Date</b>   | 13-Nov-2021 09:40AM                                |
| <b>Contact No</b> | 9807622055              | <b>Referred By</b>  | Dr.Mediwheel - Arcofemi Health Care Ltd.           |
| <b>Address</b>    | Allahabad               | <b>Contract By</b>  | Mediwheel - Arcofemi Health Care Ltd.[52610]Credit |
| <b>UHID</b>       | ALDP.0000085189         |  |  |
| <b>Visit ID</b>   | ALDP0238392122          |   |  |

| S.No. | Test Name                                  | Rate | Rebate | Card Disc. | Manual Disc. | Total |
|-------|--|------|--------|------------|--------------|-------|
| 1     | Mediwheel Bank Of Baroda Male Above 40 Yrs | 2200 | 0      | 0          | 0            | 2200  |

**Bill Amount : 2200**  
**Net Bill Amount : 2200**  
**Total Paid Amount :**  
**Due Amount : 2200**

Received with thanks : Zero

\*\*\*\*\*  
**Ankit Kumar**

You can download your report from 'www.chandandiagnostic.com' Enter user name as **ITALDPA00001** and password as **8RC752**  
 For any query, kindly get in touch with us on **customercare@chandandiagnostic.com**

गर्भ में पल रहे बच्चे के लिये की जाँच करना एक दंडनीय अपराध है.

**Attention Please!!**

**Download Chandan24x7 app to view your report and get discount coupons.**

57801



M-a 807622055

28-06-1963

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                            | MR. KUMAR SANJAY     |
| EC NO.                          | 55778                |
| DESIGNATION                     | UNIVERSAL TELLER     |
| PLACE OF WORK                   | ALLAHABAD, KHULDABAD |
| BIRTHDATE                       | 28-06-1963           |
| PROPOSED DATE OF HEALTH CHECKUP | 13-11-2021           |
| BOOKING REFERENCE NO.           | 21D55778100006492E   |

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 **11-11-2021** 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))



नाम - संजय कुमार  
Name - SANJAY KUMAR

कर्मचारी कूट क्र - 55778  
E.C. No. - 55778

जारीकर्ता प्राधिकारी

  
Issuing Authority



धारक के हस्ताक्षर  
Signature of Holder