

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. MURARI KRISHNA
EC NO.	112008
DESIGNATION	BRANCH OPERATIONS
PLACE OF WORK	MAHUWARI
BIRTHDATE	01-01-1993
PROPOSED DATE OF HEALTH CHECKUP	25-10-2021
BOOKING REFERENCE NO.	21D112008100005860E

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 **21-10-2021** 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 ऑफ बड़ोदा
Bank of Baroda

नाम **[REDACTED]**
 Name **[REDACTED]**

कार्यकारी कूट
 E.C. No. **[REDACTED]**

[Handwritten Signature] *[Handwritten Signature]*



बैंक ऑफ बड़ोदा का लोगो
 (सुरक्षा चिह्न)

बैंक ऑफ बड़ोदा कॉर्पोरेट सेंटर
 C-28 G-Block-Kurta Complex, Mumbai 400051 भारत
 फोन: 91 22 56985196, फैक्स 91 22 2652 5747

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प्लीज रिटर्न
 Asst. General Manager (Security)
 Bank of Baroda Corporate Centre
 C-28 G-Block-Kurta Complex, Mumbai 400051, India
 Phone: 91 22 56985196, F 91 22 2652 5747

रक्त समूह: Blood Group
 पहचान संख्या: Identification No. **[REDACTED]**



आयकर विभाग
INCOME TAX DEPARTMENT

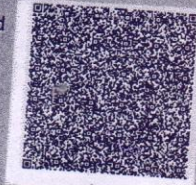


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

BXBPM0758A



नाम / Name
KRISHNA MURARI

पिता का नाम / Father's Name
CHHABILAL

जन्म की तारीख /
Date of Birth
01/01/1993

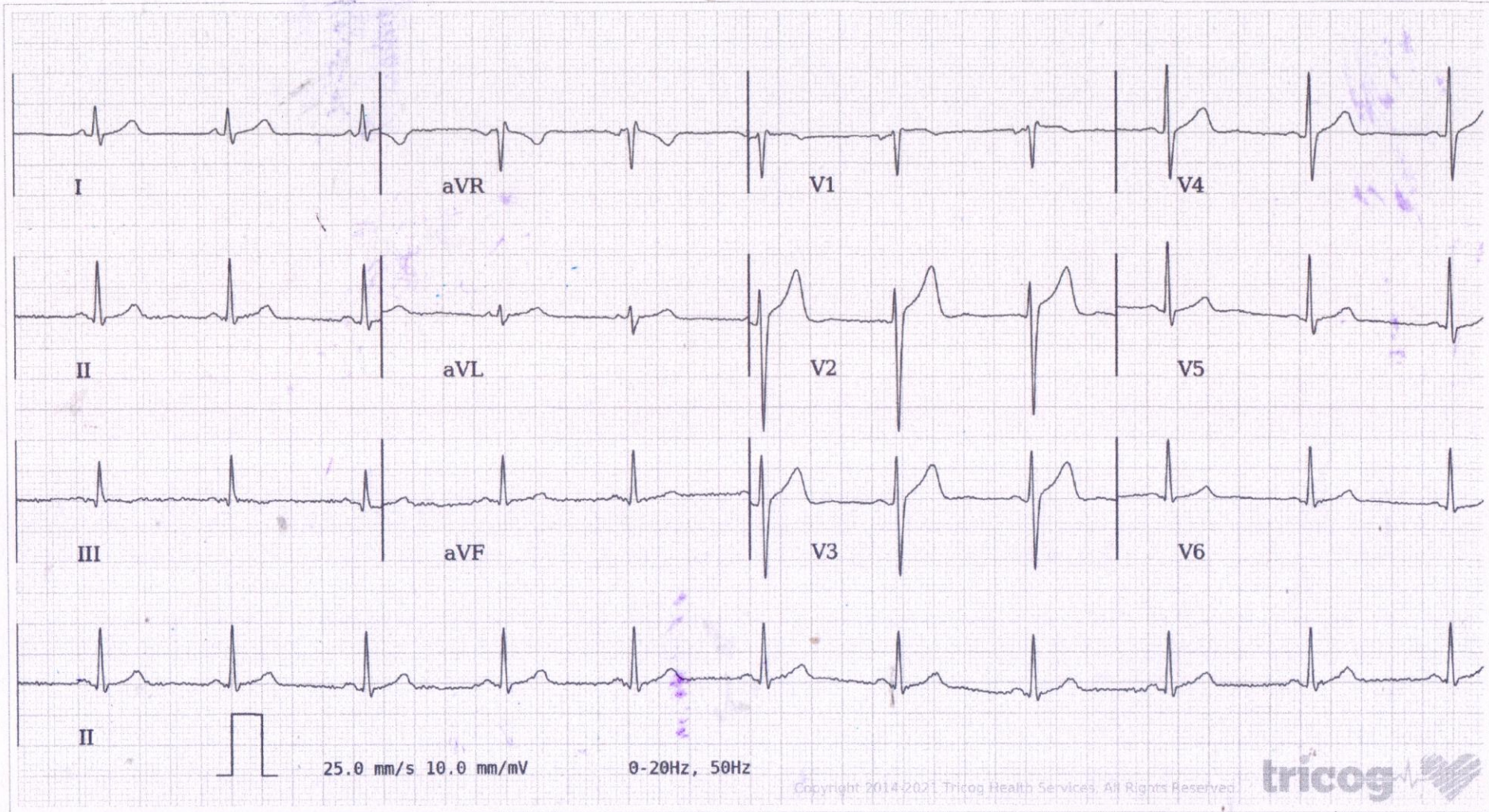
Krishna Murari
हस्ताक्षर / Signature

24052021



Age / Gender: 28/Male
Patient ID: IDCD0311812122
Patient Name: Mr.KRISHNA MURARI

Date and Time: 25th Oct 21 11:43 AM



AR: 68 bpm VR: 68 bpm QRSD: 84 ms QT: 364 ms QTc: 387 ms PRI: 118 ms P-R-T: 44° 69° 29°

ECG Within Normal Limits: Sinus Rhythm, Normal Axis. Please correlate clinically.

AUTHORIZED BY

Dr. Charit
MD, DM: Cardiology

REPORTED BY

Dr. Javed Ali Khadri