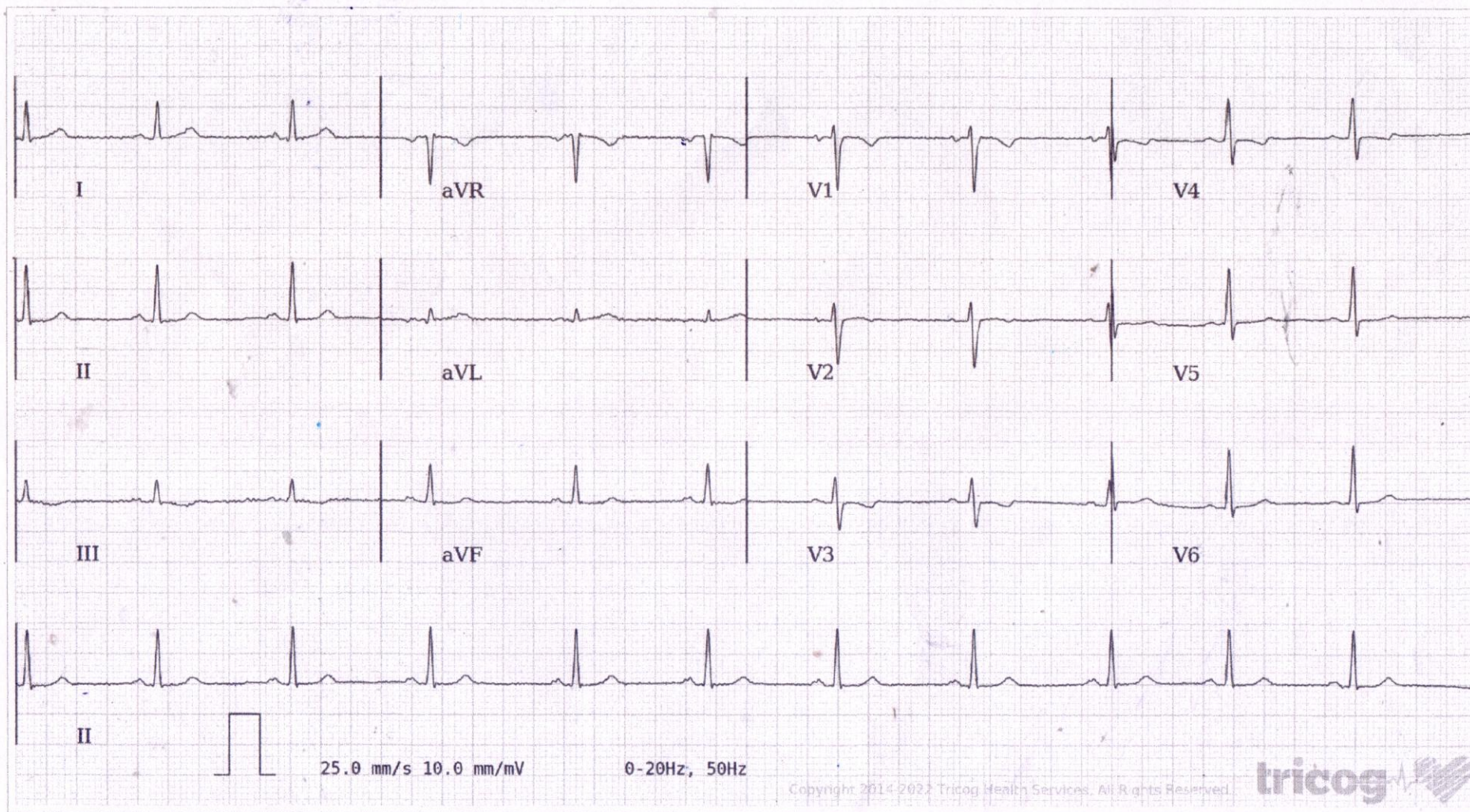




Age / Gender: 31/Female  
Patient ID: CALI0057202223  
Patient Name: Mrs.SUFIA KHATOON

Date and Time: 28th Aug 22 10:06 AM



AR: 68bpm VR: 68bpm QRSD: 82ms QT: 342ms QTc: 363ms PRI: 126ms P-R-T: 42° 47° 13°



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

AUTHORIZED BY

Dr. Charit  
MD, DM: Cardiology

REPORTED BY

Dr. Prashant Valecha

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.

63382

12-45260

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. KHATOON SUFIA
EC NO.	91569
DESIGNATION	BRANCH OPERATIONS
PLACE OF WORK	LUCKNOW, KURSI ROAD
BIRTHDATE	01-12-1990
PROPOSED DATE OF HEALTH CHECKUP	28-08-2022
BOOKING REFERENCE NO.	22S91569100024152E

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 **24-08-2022** till **31-03-2023** 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))



भारत सरकार  
GOVERNMENT OF INDIA



सुफिया खातून  
Sufia Khatoon  
जन्म तिथि/ DOB: 01/12/1990  
महिला / FEMALE



2470 9044 1937