

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 spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	PANKAJ AGRAWAL
DATE OF BIRTH	09-07-1986
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	28-05-2022
BOOKING REFERENCE NO.	22J94220100019072S
SPOUSE DETAILS	
EMPLOYEE NAME	MS. POONAM DEVI AGRAWAL
EMPLOYEE EC NO.	94220
EMPLOYEE DESIGNATION	BRANCH HEAD
EMPLOYEE PLACE OF WORK	PUNE,IUCAA BRANCH
EMPLOYEE BIRTHDATE	19-05-1989

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 **23-05-2022** 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's spouse 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))



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	MS. POONAM DEVI AGRAWAL
EC NO.	94220
DESIGNATION	BRANCH HEAD
PLACE OF WORK	PUNE,IUCAA BRANCH
BIRTHDATE	19-05-1989
PROPOSED DATE OF HEALTH CHECKUP	28-05-2022
BOOKING REFERENCE NO.	22J94220100019070E

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 **23-05-2022** 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.





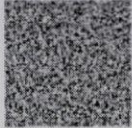








Yours faithfully,

Sd/-

**Chief General Manager**  
**HRM Department**  
**Bank of Baroda**

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<p align="center"><b>भारत सरकार</b> Government of India</p>	<p align="center"><b>सूचना</b></p>
<p align="center"><b>भारतीय विशिष्ट पहचान प्राधिकरण</b> Unique Identification Authority of India</p>	<ul style="list-style-type: none"> <li>● आधार पहचान का प्रमाण है, नागरिकता का नहीं।</li> <li>● सुरक्षित QR कोड / ऑफलाइन XML / ऑनलाइन ऑथेंटिकेशन से पहचान प्रमाणित करें।</li> <li>● यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।</li> </ul>
<p align="center">Enrolment No.: 0000/00720/00370</p> <p>To Pankaj Agrawala 0033 Equille Homes Shri Daxi Nagar Belawadi Stadium Mahalunge Mahalunge (N.S.) Pune Maharashtra - 411045 9637651214</p>  <p align="center">आपका आधार क्रमांक / Your Aadhaar No. : <b>2483 6320 2935</b> VID : 9102 3882 6629 8062</p> <p align="center"><b>मेरा आधार, मेरी पहचान</b></p>	<p align="center"><b>INFORMATION</b></p> <ul style="list-style-type: none"> <li>● Aadhaar is a proof of identity, not of citizenship.</li> <li>● Verify identity using Secure QR Code/ Offline XML/ Online Authentication.</li> <li>● This is electronically generated letter.</li> </ul> <div style="border: 1px solid black; padding: 5px;"> <ul style="list-style-type: none"> <li>■ आधार देश भर में मान्य है।</li> <li>■ आधार कई सरकारी और गैर सरकारी सेवाओं को पाना आसान बनाता है।</li> <li>■ आधार में मोबाइल नंबर और ईमेल ID अपडेट रखें।</li> <li>■ आधार को अपने स्मार्ट फोन पर लॉड, mAadhaar App के साथ।</li> </ul> <ul style="list-style-type: none"> <li>■ Aadhaar is valid throughout the country</li> <li>■ Aadhaar helps you avail various Government and non-Government services easily.</li> <li>■ Keep your mobile number &amp; email ID updated in Aadhaar.</li> <li>■ Carry Aadhaar in your smart phone – use mAadhaar App.</li> </ul> </div>
   <p>Pankaj Agrawala Date of Birth/DOB: 02/06/1986 Male/ MALE</p> <p align="center"><b>2483 6320 2935</b> VID : 9102 3882 6629 8062</p> <p align="center"><b>मेरा आधार, मेरी पहचान</b></p>	  <p><b>Address:</b> 0033 Equille Homes, Shri Daxi Nagar, Belawadi Stadium, Mahalunge, Mahalunge (N.S.), Pune, Maharashtra - 411045</p>  <p align="center"><b>2483 6320 2935</b> VID : 9102 3882 6629 8062</p> <p align="center">1947    <a href="http://www.aadhaar.gov.in">www.aadhaar.gov.in</a>    <a href="http://www.aadhaar.gov.in">www.aadhaar.gov.in</a></p>

आयकर विभाग

भारत सरकार

INCOME TAX DEPARTMENT



GOVT. OF INDIA

POONAM DEVI AGRAWAL

TRILOK CHAND AGRAWAL

19/05/1989

Permanent Account Number

AZHPA7517L

*Poonam  
Agrawal*

Signature





नाम : POONAM DEVI AGRAWAL  
Name :

कर्मचारी कूट क्र.

E.C. No 94220

Poonam Agrawal

जारीकर्ता प्राधिकारी-उप महाप्रबंधक  
Issuing Authority- D.G.M  
Odisha Region

धारक के हस्ताक्षर  
Signature of Holder

मिलने पर, निम्नलिखित को लौटाएं

सहायक महाप्रबंधक (सुरक्षा)

बैंक ऑफ बड़ौदा कार्पोरेट सेंटर

सी-26, जी-ब्लॉक, बान्द्रा-कुर्ला कॉम्प्लेक्स, मुंबई -400 051, भारत

फोन 91 22 5698 फैक्स 91 22 2652 5747

If found, Please return to

Asst. General Manager(Security)

Bank of Baroda, Baroda Corporate Centre

C-26, G- Block, Bandra-Kurla Complex, Mumbai-400 051, India

Phone 91 22 5698 Fax 91 22 2652 5747

रक्त समूह

Blood Group

B+

पहचान चिह्न

Identification Marks