

**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**

Name	Mr.Amit Kumar Patel -184990	Bill	ALDPB/21-22/00021865
Age/Gender	28 Y 10 M 1 D /Male	Visit/Reg Date	23-Oct-2021 11:21AM
Contact No	8882264588	Referred By	Dr.Mediwheel - Arcofemi Health Care Ltd.
Address	Allahabad	Contract By	Mediwheel - Arcofemi Health Care Ltd.[52610]Credit
UHID	ALDP.0000083805		
Visit ID	ALDP0218652122		

S.No.	Test Name	Rate	Rebate	Card Disc.	Manual Disc.	Total
1	Mediwheel Bank Of Baroda Male & Female Below 40 Yrs	1800	0	0	0	1800

Bill Amount : 1800**Net Bill Amount : 1800****Total Paid Amount :****Due Amount : 1800****Received with thanks : Zero**.....
Richa MishraYou can download your report from 'www.chandandiagnostic.com' Enter user name as **ITALDPA00001** and password as **C84H7X**For any query, kindly get in touch with us on **customercare@chandandiagnostic.com**

वर्ग में पल रहे हुए के लिये की जाँच करना एक दंडनीय अपराध है.

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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. PATEL AMIT KUMAR
EC NO.	184990
DESIGNATION	WEALTH EXECUTIVE
PLACE OF WORK	MANJHANPUR
BIRTHDATE	22-12-1992
PROPOSED DATE OF HEALTH CHECKUP	09-10-2021
BOOKING REFERENCE NO.	21D184990100005384E

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 08-10-2021 to 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))

Fwd: BOB employee booking confirmation Mr. Amit patel

Amit Patel Prince <amitraj19jmd@gmail.com>

Fri 10/22/2021 6:24 PM

To: Manjhanpur Branch, Manjhanpur, Allahabad <MANJHA@bankofbaroda.com>

****सावधान: यह मेल बैंक डोमेन के बाहर से आया है, अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक पर क्लिक न करें या अटैचमेंट न खोलें।**
****CAUTION: THIS MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT CLICK ON LINKS OR OPEN ATTACHMENTS UNLESS YOU KNOW THE SENDER.**

----- Forwarded message -----

From: **Report : MediWheel** <report@mediwheel.in>

Date: Fri, 22 Oct 2021, 18:03

Subject: BOB employee booking confirmation Mr. Amit patel

To: <idc.allahabad.corporate@gmail.com>

Cc: <amitraj19jmd@gmail.com>

Dear sir

Please consider the booking in manual.

Diagnostics Name - Chandan Healthcare Limited(Katahra , Allahabad)

Address - 55/23/1 Kamla Nehru Road, Old Katra

Member Name	Member Age	Package Name	Appointment Date	Mobile	Ins.
Amit Kumar Patel	28	Full Body Health Checkup Male Below 40	23-10-2021	8882264583	Cha

Our system problem you have not received confirmation.

Instructions to undergo Health Check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
4. Please bring all your medical prescriptions and previous health medical records with you.
5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any Health Check during menstrual cycle.

Please follow up with the Provider- Chandan Healthcare Limited for flawless services.

Regards

