

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. SRIVASTAVA AKANKSHA
EC NO.	171001
DESIGNATION	BRANCH OPERATIONS
PLACE OF WORK	LALGOPALGANJ
BIRTHDATE	01-07-1987
PROPOSED DATE OF HEALTH CHECKUP	04-12-2021
BOOKING REFERENCE NO.	21D171001100007608E

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 **03-12-2021** 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))



भारत सरकार

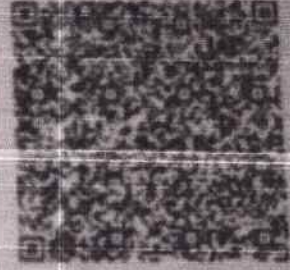
Government of India



आकांक्षा श्रीवास्तव  
Akanksha Srivastava

जन्म तिथि / DOB : 01/07/1987

महिला / Female



3203 8005 8171

मेरा आधार, मेरी पहचान

*Akanksha Srivastava*