

## 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







CIN: U85110DL2003PLC308206

GSTIN :09AACCC1996N1Z2

HSN:999316

Name Age/Gender Mr.Manauvar Ali -66415 47 Y 9 M 1 D /Male ALDPB/21-22/00021868 23-Oct-2021 11:27AM

Age/Gender

9936617214

Dr. Mediwheel - Arcofemi

Address

Health Care Ltd.

UHID Visit ID Allahabad ALDP.0000083808

ALDP0218682122

Contract By

Refered By

Visit/Reg Date

Mediwheel - Arcofemi Health Care Ltd.[52610]Credit

S.No. Test Name

Rate Rebate Card Disc. Manual Disc. Total

0

1 Vre

Mediwheel Bank Of Baroda Male Above 40

2200

1

0 2200

Bill Amount: 2200

Net Bill Amount : 2200

Total Paid Amount :

Due Amount: 2200

Received with thanks: Zero

O . 2021 11 27 124

Richa Mishra

You can download your report from 'www.chandandiagnostic.com' Enter user name as

ITALDPA00001 and password as LLX9HA

For any query, kindly get in touch with us on

customercare@chandandiagnostic.com

गर्भ में पत रहे चुण के लिंग की जाँच करना एक दंडनीय अपराध है.

Attention Please!!

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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	SHAMA NAAZ
DATE OF BIRTH	05-07-1975
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	19-10-2021
BOOKING REFERENCE NO.	21D66415100005644S
	SPOUSE DETAILS
EMPLOYEE NAME	MR. ALI MUNAVAR
EMPLOYEE EC NO.	66415
EMPLOYEE DESIGNATION	BRANCH OPERATIONS
EMPLOYEE PLACE OF WORK	JHALWA
EMPLOYEE BIRTHDATE	21-01-1974

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 16-10-2021 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'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))



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