

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. MAHENDRA ARPIT
EC NO.	128085
DESIGNATION	BRANCH OPERATIONS
PLACE OF WORK	FATEHPUR-LUCKNOW
BIRTHDATE	03-12-1993
PROPOSED DATE OF HEALTH	24-10-2021
CHECKUP	
BOOKING REFERENCE NO.	21D128085100005650E

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 17-10-2021 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 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.

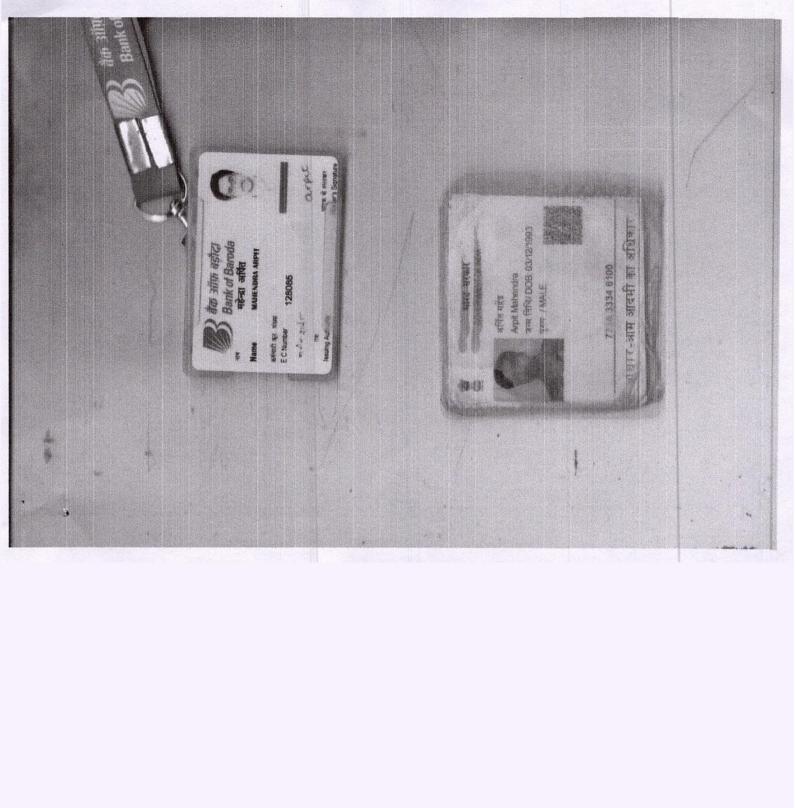
We solicit your co-operation in this regard.

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))



Indra Diagnostic Centre, Indira Nagar



Age / Gender:

27/Male

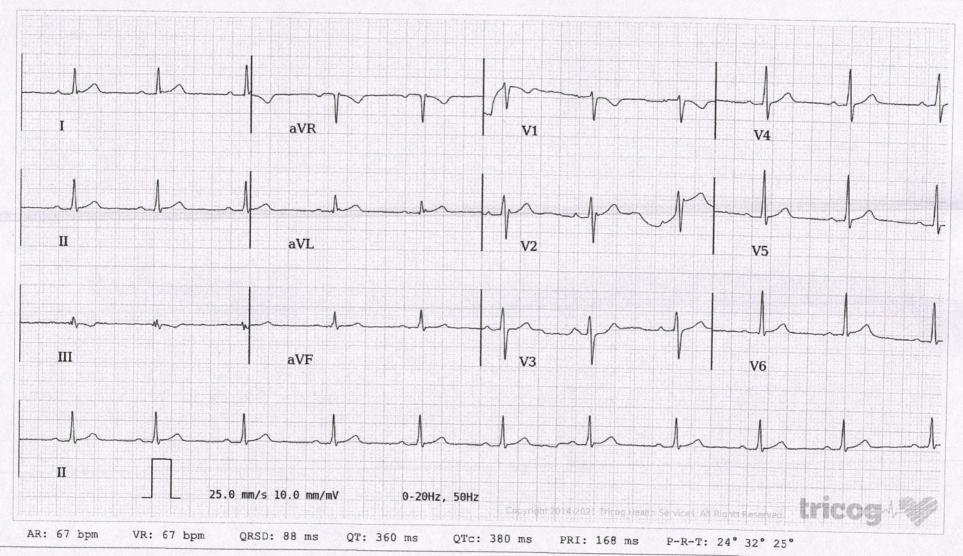
Date and Time: 24th Oct 21 11:08 AM

Patient ID:

IDCD0311202122

Patient Name:

Mr.ARPIT MAHENDRA



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

AUTHORIZED BY

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Dr. Charit MD, DM: Cardiology Problem S.K.

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