

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 |
|---|--------------------------------|
| INAIVIE | SHOBHA DWIVEDI |
| DATE OF BIRTH | 20-10-1963 |
| PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE | 26-03-2022 |
| BOOKING REFERENCE NO. | 21M50460100014914S |
| | SPOUSE DETAILS |
| EMPLOYEE NAME | MR. DWIVEDI DEVENDRA NATH |
| EMPLOYEE EC NO. | 50460 |
| EMPLOYEE DESIGNATION | SPECIAL ASSISTANT |
| EMPLOYEE PLACE OF WORK | LUCKNOW,ALAMBAGH |
| EMPLOYEE BIRTHDATE | 30-11-1962 |

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 11-03-2022 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.

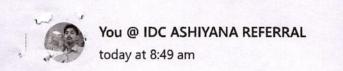
We solicit your co-operation in this regard.

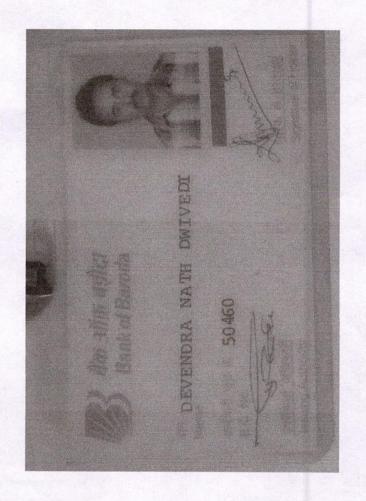
Yours faithfully,

Sd/-

Chief General Manager HRM Department Bank of Baroda

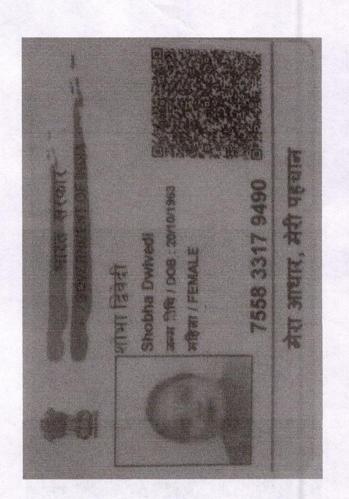
(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))





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Shotsha Deinedi

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Indra Diagnostic Centre Alambagh, Lucknow



Age / Gender:

57/Female

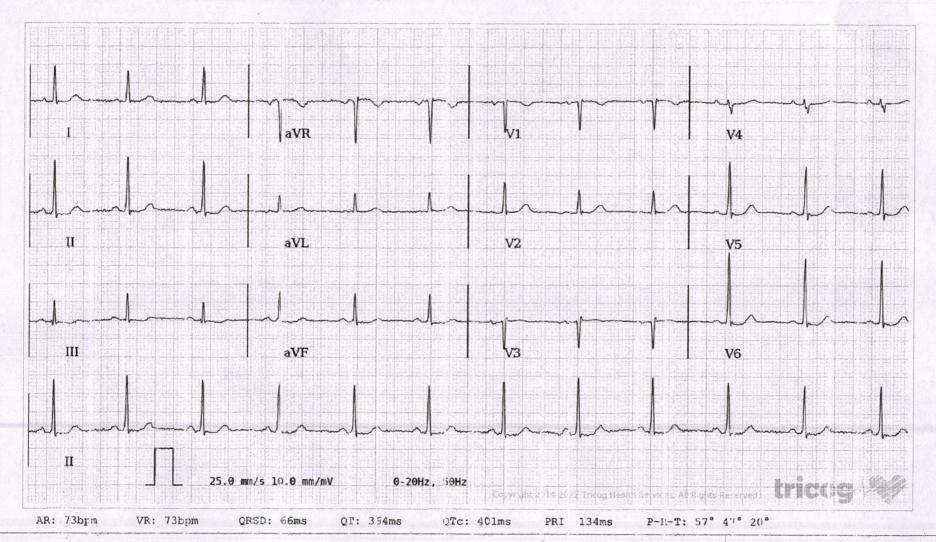
Date ar d Time: 26th Mar 22 11:26 AM

Patient ID:

CDCA0320212122

Patient Name:

Mrs. SHOBHA DWIVEDI



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

AUTHORIZED BY

REPORTED BY

cint

Dr Vish

Dr. Charit
M.), DM: Cardiology

Dr Vishwanath, A

D sclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and ron-lawasive fests and must be interpreted by a qual fied physician,

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