



LABORATORY REPORT

Name : Ms. Punam Tripathi
Sex/Age : Female/42 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 304100144
Reg. Date : 04-Apr-2023 08:20 AM
Collected On :
Report Date : 04-Apr-2023 03:39 PM

Medical Summary

GENERAL EXAMINATION

Height (cms) :162

Weight (kgs) :83.1

Blood Pressure : 114/82mmHg

Pulse : 73/Min

No Clubbing/Cynosis/Pallor/PedelOedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

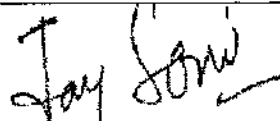
Respiratory system - AEBE

Central Nervous System - No FND

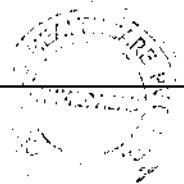
Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A

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Dr. Jay Soni



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आधार अधिकारण

भारत सरकार

Unique Identification Authority of India

नोंदविण्याचा क्रमांक / Enrollment No 1057/11113/06581

To,
पूनम हेमंतकुमार त्रिपाठी
Punam Hemantkumar Tripathi
Vrindavan CHS, G-304, Plot NO 52
Khanda Colony, Sector 9
Panvel
Panvel Panvel Raigad
Maharashtra 410206
9869847956

19/09/2012

Ref: 65 / 17A / 128517 / 129675 / P



SH085826205DF



आपला आधार क्रमांक / Your Aadhaar No. :

6531 1151 0705

आधार — सामान्य माणसाचा अधिकार



भारत सरकार

पूनम हेमंतकुमार त्रिपाठी
Punam Hemantkumar Tripathi
जन्म वर्ष / Year of Birth : 1981
स्त्री / Female



6531 1151 0705

आधार — सामान्य माणसाचा अधिकार

Ph

Mobile No - 9469458694

D.O.B . 18/02/1981

Dr. Jay Soni
M.D. (General Medicine)
Reg. No. : G-23899




TEST REPORT

Reg. No : 304100144	Ref Id :	Collected On : 04-Apr-2023 08:20 AM
Name : Ms. Punam Tripathi		Reg. Date : 04-Apr-2023 08:20 AM
Age/Sex : 42 Years / Female	Pass. No. :	Tele No. : 9969458694
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : EDTA Whole Blood

Parameter	Results	Unit	Biological Ref. Interval
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COMPLETE BLOOD COUNT (CBC)
Specimen: EDTA blood

Hemoglobin Colorimetric method	L 10.1	g/dL	12.5 - 16.0
Hematocrit (Calculated) Calculated	L 32.00	%	37 - 47
RBC Count	L 4.00	million/cmm	4.2 - 5.4
MCV	80.1	fL	78 - 100
MCH (Calculated)	L 25.3	Pg	27 - 31
MCHC (Calculated)	31.6	%	31 - 35
RDW (Calculated)	13.9	%	11.5 - 14.0
WBC Count	5610	/cmm	4000 - 10500
MPV (Calculated)	9.6	fL	7.4 - 10.4

<u>DIFFERENTIAL WBC COUNT</u>	[%]		<u>EXPECTED VALUES</u>	[Abs]	<u>EXPECTED VALUES</u>
Neutrophils (%)	55	%	42.02 - 75.2	3086 /cmm	2000 - 7000
Lymphocytes (%)	33	%	20 - 45	1851 /cmm	1000 - 3000
Eosinophils (%)	05	%	0 - 6	393 /cmm	200 - 1000
Monocytes (%)	07	%	2 - 10	281 /cmm	20 - 500
Basophils (%)	00	%	0 - 1	0 /cmm	0 - 100

PERIPHERAL SMEAR STUDY


RBC Morphology : Mild Microcytic and Hypochromic.
 WBC Morphology : Normal

PLATELET COUNTS

Platelet Count (Volumetric Impedance) : 431000 /cmm 150000 - 450000
 Platelets : Platelets are adequate with normal morphology.
 Parasites : Malarial parasite is not detected.
 Comment : -

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 Dr. Keyur V. Patel
 M.B.DCP

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Location : CHPL		Sample Type : EDTA Whole Blood

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Location : CHPL		Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
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HEMATOLOGY

BLOOD GROUP & RH

Specimen: EDTA and Serum; Method: Forward Reverse Tube Agglutination

ABO	"B"
Rh (D)	Positive
Note	-

ERYTHROCYTE SEDIMENTATION RATE [ESR]


ESR 1 hour <i>Infra red measurement</i>	18	mm/hr	ESR AT 1 hour : 3-12
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ERYTHRO SEDIMENTATION RATE, BLOOD -

Erythrocyte sedimentation rate (ESR) is a non-specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants. The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week post partum. ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives). It is especially low (<1mm) in polycythaemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

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Age/Sex : 42 Years / Female **Pass. No.** : **Tele No.** : 9969458694
Ref. By : **Dispatch At** :
Location : CHPL **Sample Type** : Flouride F, Flouride PP

Parameter	Result	Unit	Biological Ref. Interval
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FASTING PLASMA GLUCOSE
Specimen: Flouride plasma

Fasting Blood Sugar (FBS) <i>GOD-POD Method</i>	120.10	mg/dL	70 - 110
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Criteria for the diagnosis of diabetes

1. HbA1c \geq 6.5 *
 - Or
 2. Fasting plasma glucose $>$ 126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.
 - Or
 3. Two hour plasma glucose \geq 200mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.
 - Or
 4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose \geq 200 mg/dL.
- *In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.
American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34:S11.

POST PRANDIAL PLASMA GLUCOSE
Specimen: Flouride plasma

Post Prandial Blood Sugar (PPBS) <i>GOD-POD Method</i>	110.5	mg/dL	70 - 140
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MC-3466



TEST REPORT

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Age/Sex :	42 Years / Female	Pass. No. :		Tele No. :	9969458694
Ref. By :		Dispatch At :		Sample Type :	Serum
Location :	CHPL				


Parameter	Result	Unit	Biological Ref. Interval
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Lipid Profile

Cholesterol	203.00	mg/dL	Desirable: < 200 Boderline High: 200 - 239 High: > 240
<i>Enzymatic, colorimetric method</i>			
Triglyceride	236.90	mg/dL	Normal: < 150 Boderline High: 150 - 199 High: 200 - 499 Very High: > 500
<i>Enzymatic, colorimetric method</i>			
HDL Cholesterol	40.40	mg/dL	High Risk : < 40 Low Risk : = 60
<i>Accelerator selective detergent method</i>			
LDL	115.22	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Boderline High : 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VLDL	47.38	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	2.85		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	5.02		0 - 5.0
<i>Calculated</i>			

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Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Serum


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BIO - CHEMISTRY
LFT WITH GGT

Total Protein <i>Biuret Reaction</i>	7.16	gm/dL	Premature 1 Day : 3.4 - 5.0 1 Day to 1 Month : 4.6 - 6.8 2 to 12 Months : 4.8 - 7.6 1 Year : 6.0 - 8.0 Adults : 6.6 - 8.7
Albumin <i>By Bromocresol Green</i>	4.59	g/dL	0 - 4 days: 2.8 - 4.4 4 days - 14 yrs: 3.8 - 5.4 14 - 19 yrs: 3.2 - 4.5 20 - 60 yrs : 3.5 - 5.2 60 - 90 yrs : 3.2 - 4.6 > 90 yrs: 2.9 - 4.5
Globulin <i>Calculated</i>	2.57	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.79		0.8 - 2.0
SGOT <i>UV without P5P</i>	21.10	U/L	0 - 40
SGPT <i>UV without P5P</i>	22.60	U/L	0 - 40
Alakaline Phosphatase <i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i>	61.8	IU/l	42 - 98
Total Bilirubin <i>Vanadate Oxidation</i>	0.77	mg/dL	0 - 1.2
Conjugated Bilirubin	0.15	mg/dL	0.0 - 0.4

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Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Serum
Unconjugated Bilirubin <i>Calculated</i>	0.62	mg/dL 0.0 - 1.1
GGT <i>SZASZ Method</i>	17.70	mg/dL < 32

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Location : CHPL		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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BIO - CHEMISTRY

Uric Acid <i>Enzymatic, colorimetric method</i>	2.23	mg/dL	2.6 - 6.0
Creatinine <i>Enzymatic Method</i>	0.55	mg/dL	0.6 - 1.1
BUN <i>UV Method</i>	5.10	mg/dL	6.0 - 20.0

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Location : CHPL		Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
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HEMOGLOBIN A1 C ESTIMATION
 Specimen: Blood EDTA

*Hb A1C	5.3	% of Total Hb	Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : 6.5 % or higher
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Boronate Affinity with Fluorescent Quenching

Mean Blood Glucose	105.41	mg/dL
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Calculated

Degree of Glucose Control Normal Range:

Poor Control >7.0% *

Good Control 6.0 - 7.0 %**Non-diabetic level < 6.0 %

- * High risk of developing long term complication such as retinopathy, nephropathy, neuropathy, cardiopathy, etc.
- * Some danger of hypoglycemic reaction in Type I diabetics.
- * Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1c levels in this area.

EXPLANATION :-

*Total haemoglobin A1 c is continuously synthesised in the red blood cell through its 120 days life span. The concentration of HBA1c in the cell reflects the average blood glucose concentration it encounters.

*The level of HBA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.

*The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half life of a red blood cell is sixty days, HbA1c has been accepted as a measurement which reflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.

*It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures.

HbA1c assay Interferences:

*Erroneous values might be obtained from samples with abnormally elevated quantities of other Haemoglobins as a result of either their simultaneous elution with HbA1c(HbF) or differences in their glycation from that of HbA(HbS)

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Location : CHPL		Sample Type : Urine Spot

Test	Result	Unit	Biological Ref. Interval
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URINE ROUTINE EXAMINATION**PHYSICAL EXAMINATION**

Quantity	20 cc	
Colour	Pale Yellow	
Clarity	Clear	Clear

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)


pH	5	4.6 - 8.0
Sp. Gravity	1.025	1.001 - 1.035
Protein	Nil	Nil
Glucose	Nil	Nil
Ketone Bodies	Nil	Nil
Urobilinogen	Nil	Nil
Bilirubin	Nil	Nil
Nitrite	Nil	Nil
Blood	Trace	Nil

MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells)	2 - 4/hpf	Absent
Erythrocytes (Red Cells)	Occasional/hpf	Absent
Epithelial Cells	2 - 5/hpf	Absent
Crystals	Absent	Absent
Casts	Absent	Absent
Amorphous Material	Absent	Absent
Bacteria	Absent	Absent
Remarks	-	

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IMMUNOLOGY

THYROID FUNCTION TEST

T3 (Triiodothyronine) <i>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</i>	0.93	ng/mL	0.86 - 1.92
---	------	-------	-------------

Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus.

In the circulation, 99.7% of T3 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and prealbumin. The remaining unbound T3 is free in the circulation and is metabolically active.

In hypothyroidism and hyperthyroidism, F T3 (free T3) levels parallel changes in total T3 levels. Measuring F T3 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T3 occur due to changes in T3 binding proteins, especially TBG.

T4 (Thyroxine) <i>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</i>	8.30	µg/dL	3.2 - 12.6
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Thyroxin (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus. In the circulation, 99.95% of T4 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and thyroxine-binding prealbumin. The remaining unbound T4 is free in the circulation and is both metabolically active and a precursor to triiodothyronine (T3).


In hypothyroidism and hyperthyroidism, F T4 (free T4) levels parallel changes in total T4 levels. Measuring FT4 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T4 occur due to changes in T4 binding proteins, especially TBG.

Limitations:

1. The anticonvulsant drug phenytoin may interfere with total and F T4 levels due to competition for TBG binding sites.
2. F T4 values may be decreased in patients taking carbamazepine.
3. Thyroid autoantibodies in human serum may interfere and cause falsely elevated F T4 results.

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Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Serum

TSH 1.420 μ U/ml 0.35 - 5.50
CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :

First Trimester : 0.1 to 2.5 μ U/mL

Second Trimester : 0.2 to 3.0 μ U/mL


Third trimester : 0.3 to 3.0 μ U/mL

Referance : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Eddition. Philadelphia: WB Saunders,2012:2170

----- End Of Report -----

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Sex/Age : Female/42 Years
Ref. By :
Client Name : Mediwheel

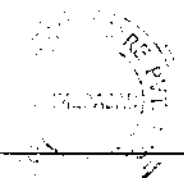
Reg. No : 304100144
Reg. Date : 04-Apr-2023 08:20 AM
Collected On :
Report Date : 04-Apr-2023 03:44 PM

2D Echo Colour Doppler

1. Mild concentric LVH.
2. Normal sized LA, LV, RA, RV.
3. Normal LV systolic function, LVEF: 60%.
4. No RWMA.
5. Reduced LV compliance.
6. All cardiac valves are structurally normal.
7. Mild MR, Trivial TR, Trivial PR, No AR.
8. Mild PAH, RVSP: 38 mm Hg.
9. IAS/IVS: Intact.
10. No clot/vegetation/pericardial effusion.
11. No coarctation of aorta.

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Dr. Jay Soni



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Page 2 of 4

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LABORATORY REPORT

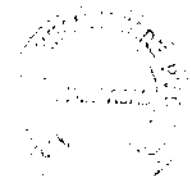
Name :	Ms. Punam Tripathi	Reg. No :	304100144
Sex/Age :	Female/42 Years	Reg. Date :	04-Apr-2023 08:20 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	04-Apr-2023 03:44 PM

Electrocardiogram

Findings

Normal Sinus Rhythm.

Within Normal Limit.



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Dr. Jay Soni

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PUMPH
TRIPPHI
12

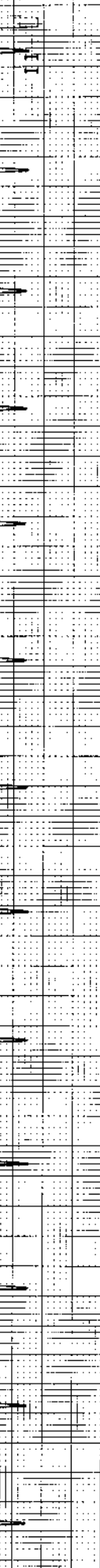
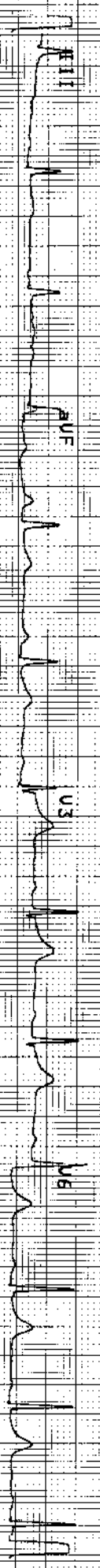
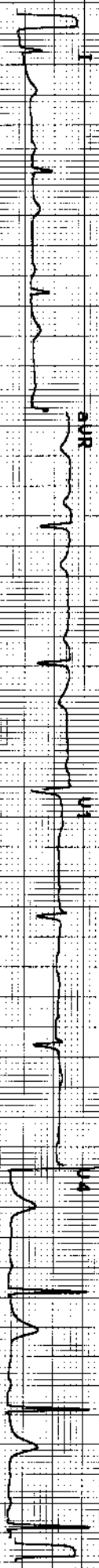
42 years
162 cm / 83 kg
Female

HR 73/min

Axis: P 53
QRS 60
T 48

Intervals:
RR 822 ms
P 102 ms
PR 174 ms
QRS 68 ms
QT 364 ms
QTc 404 ms
(Bazett)
10 mm/mV

P (II) 0.10 mV
S (VF) -0.47 mV
R (V5) 1.50 mV
Sokol. 1.96 mV



10 mm/mV

CURIOUS HEAL THING

RT-102 Plus 1.24 C

SCHILLER 0.05-25 Hz FS0 55E SRS 24 2023 11:52:01

Part No 2.157017M (C01) RBC



LABORATORY REPORT

Name	: Ms. Punam Tripathi	Reg. No	: 304100144
Sex/Age	: Female/42 Years	Reg. Date	: 04-Apr-2023 08:20 AM
Ref. By	:	Collected On	:
Client Name	: Mediwheel	Report Date	: 04-Apr-2023 04:35 PM

USG ABDOMEN

Liver appears normal in size & in echogenicity. No evidence of focal solid or cystic lesion seen. No evidence of dilatation of intra-hepatic biliary or portal radicals. PV is normal in caliber.

Gall bladder is normally distended. No evidence of calculus or mass seen. Gall bladder wall thickness appears normal.

Pancreas Visualized portion appears normal in size and echopattern. No evidence of focal lesions.

Spleen appears normal in size & echopattern.

Both kidneys are normal in size, shape and position. C.M. differentiation on both sides is maintained. No evidence of hydronephrosis, calculus or solid mass on either side.

Urinary bladder is partially distended. No evidence of calculus or mass lesion.

Uterus appears normal. No adnexal mass is seen.

No evidence of ascites.

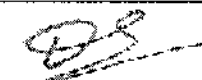
No evidence of lymph adenopathy.

No evidence of dilated small bowel loops.

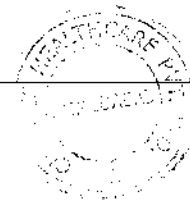
COMMENTS :

NO SIGNIFICANT ABNORMALITY DETECTED.

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DR DHAVAL PATEL
Consultant Radiologist
MB,DMRE



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LABORATORY REPORT

Name : Ms. Punam Tripathi	Reg. No : 304100144
Sex/Age : Female/42 Years	Reg. Date : 04-Apr-2023 08:20 AM
Ref. By :	Collected On :
Client Name : Mediwheel	Report Date : 04-Apr-2023 04:36 PM

X RAY CHEST PA

Both lung fields appear clear.

No evidence of any active infiltrations or consolidation.

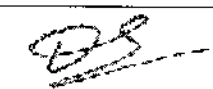
Cardiac size appears within normal limits.

Both costo-phrenic angles appear free of fluid.

Both domes of diaphragm appear normal.

COMMENT: No significant abnormality is detected.

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Consultant Radiologist
MB,DMRE



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LABORATORY REPORT

Name :	Ms. Punam Tripathi	Reg. No :	304100144
Sex/Age :	Female/42 Years	Reg. Date :	04-Apr-2023 08:20 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	04-Apr-2023 04:37 PM

BILATERAL BREAST SONO GRAPHY :-

Normal breast parenchyma is seen on either side. No evidence of solid or cystic mass lesion is seen.

No evidence of mass or architectural distortion is seen.

No evidence of skin thickening or nipple retraction is noted.

No evidence of axillary lymphadenopathy.

Vasculature appears normal.

No evidence of abnormal collection or mass lesion seen.

COMMENT :

- No significant abnormality detected.
- No direct or indirect sign of malignancy seen.

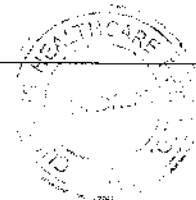
BIRADS Categories :

- 0 Need imaging evaluation.
- I Negative
- II Benign finding
- III probably benign finding.
- IV Suspicious abnormality.
- V Highly suggestive of malignancy.

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Consultant Radiologist
MB,DMRE



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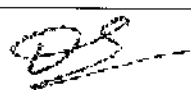


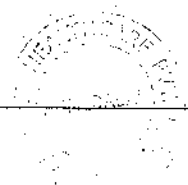
LABORATORY REPORT

Name :	Ms. Punam Tripathi	Reg. No :	304100144
Sex/Age :	Female/42 Years	Reg. Date :	04-Apr-2023 08:20 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	04-Apr-2023 04:37 PM

----- End Of Report -----

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MB,DMRE



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LABORATORY REPORT

Name :	Ms. Punam Tripathi	Reg. No :	304100144
Sex/Age :	Female/42 Years	Reg. Date :	04-Apr-2023 08:20 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	04-Apr-2023 03:35 PM

Eye Check - Up

No Eye Complaints

RIGHT EYE

SP: +0.00

CY: -0.25

AX: 71

LEFT EYE

SP : +0.00

CY : -0.25

AX :162

	Without Glasses	With Glasses
Right Eye	6/5	N.A
Left Eye	6/5	N.A

Near Vision: Right Eye - N/6, Left Eye - N/6

Fundus Examination - Within Normal Limits.

ColorVision : Normal

Comments: Normal

----- End Of Report -----



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Dr Kejal Patel

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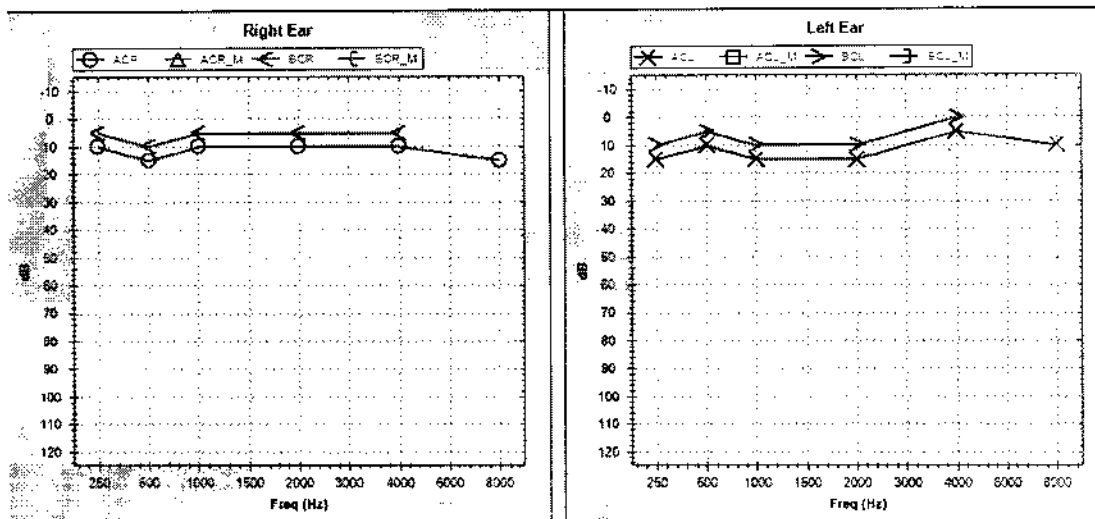
NAME:- PUNAM TRIPATHI.

ID NO:-

AGE:- 42Y / F

DATE:-04/04/2023

AUDIOGRAM



EAR	MODE	Air Conduction		Bone Conduction		Colour Code	Threshold In dB	RIGHT	LEFT
		Masked	UnMasked	Masked	UnMasked				
LEFT		□	×	□	>	Blue	AIR CONDUCTION	11	10.5
RIGHT		△	○	□	<	Red	BONE CONDUCTION		
NO RESPONSE : Add ↓ below the respective symbols							SPEECH		

Comments:-

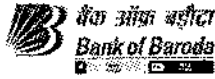
Bilateral Hearing Sensitivity Within Normal Limits.



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CUROVIS HEALTHCARE PVT. LTD.

'B' Block, Mondeal Business Park, Near Gurudwara, Bodakdev, S.G. Highway, Ahmedabad - 380 054, Gujarat



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	PUNAM HEMANTKUMARTRIPATHI
DATE OF BIRTH	18-02-1981
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	31-03-2023
BOOKING REFERENCE NO.	22M92529100054800S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. TRIPATHI HEMANTKUMAR PRAFULCHANDRA
EMPLOYEE EC NO.	92529
EMPLOYEE DESIGNATION	V-CIP CELL
EMPLOYEE PLACE OF WORK	GANDHINAGAR,GIFT CITY,NATIONAL
EMPLOYEE BIRTHDATE	23-01-1978

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 **29-03-2023** till **31-03-2023**.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))