



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	SALMAN ALI
DATE OF BIRTH	05-01-1983
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	25-09-2021
BOOKING REFERENCE NO.	21S110511100004418S
SPOUSE DETAILS	
EMPLOYEE NAME	MS. HASBANI SHAEERA BANO
EMPLOYEE EC NO.	110511
EMPLOYEE DESIGNATION	BRANCH OPERATIONS
EMPLOYEE PLACE OF WORK	ALLAHABAD,MEERAPUR
EMPLOYEE BIRTHDATE	13-08-1990

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 **21-09-2021** 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.

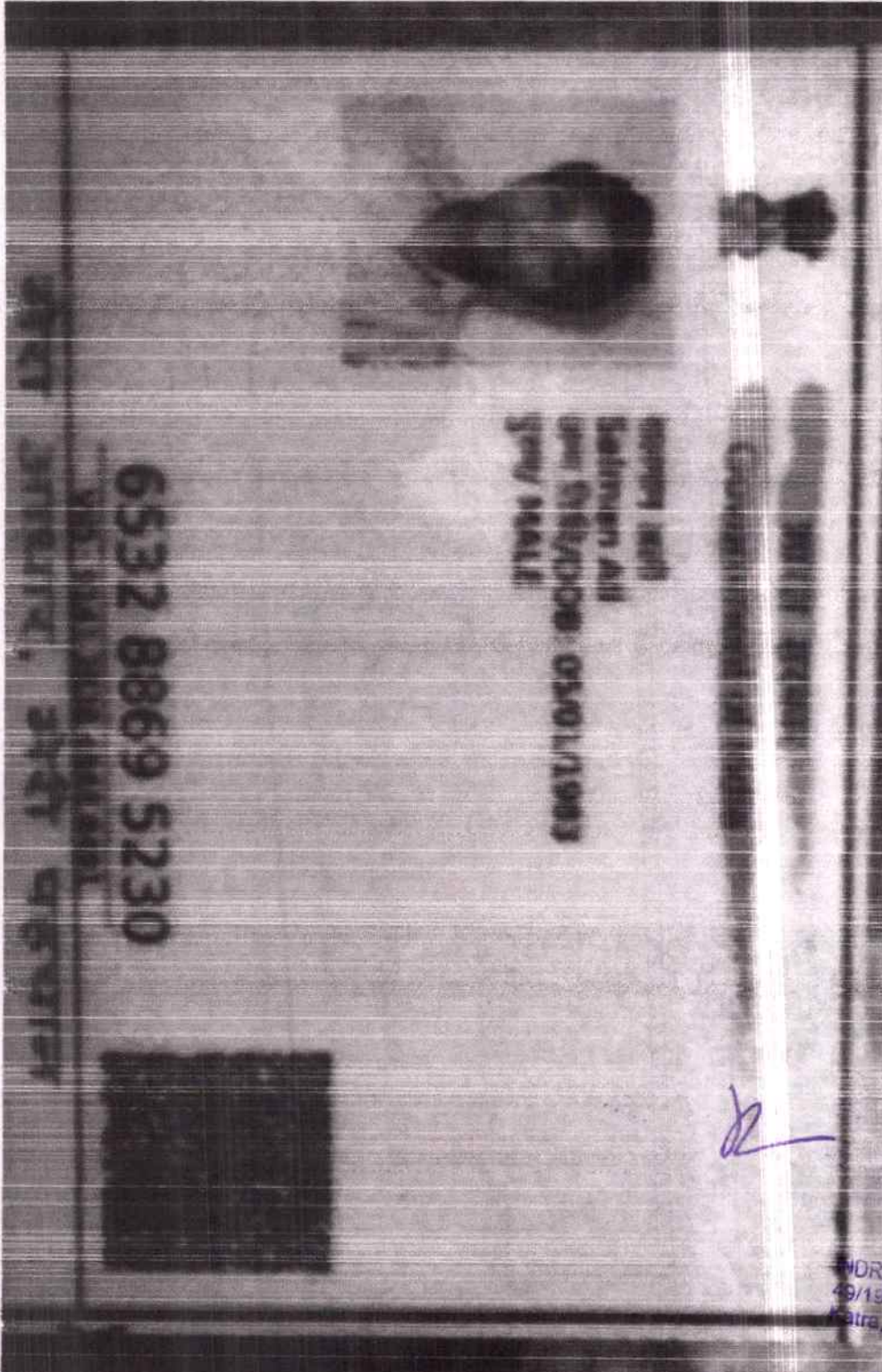
We solicit your co-operation in this regard.

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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Delivered by  
Post Office  
0501/1983

*[Handwritten signature]*

NDRA DIAGNOSTIC CENTRE  
49/19-B, Kamla Nehru Road  
Katra, Prayagraj

Dr. R.K. Verma  
M.B.B.S.  
Reg. No.-4001

*[Handwritten signature]*