

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 ISO 9001:2015





CIN: U85110DL2003PLC308206

GSTIN:09AACCC1996N1Z2

HSN:999316

Age/Gender

Mrs.Shama Naaz-66415

Rill Visit/Reg Date ALDPB/21-22/00021867

Name

46 Y 3 M 19 D /Female

23-Oct-2021 11:25AM

Contact No

9936617214

Refered By

Dr.Mediwheel - Arcofemi Health Care Ltd.

Address

Allahabad

Contract By

Mediwheel - Arcofemi Health Care Ltd.[52610]Credit

UHID Visit ID ALDP.0000083807 ALDP0218672122

S.No. Test Name

Rate Rebate Card Disc. Manual Disc. Total

0 0 2200

Mediwheel Bank Of Baroda Female Above 40 Yrs

2200

Bill Amount: 2200

Net Bill Amount: 2200

Total Paid Amount:

Due Amount: 2200

Received with thanks : Zero

Richa Mishra

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

ITALDPA00001 and password as X7N677

For any query, kindly get in touch with us on customercare@chandandiagnostic.com

गर्भ में पल रहे भूण के लिंग की जाँच करना एक दंहनीय अपराध है.

Attention Please!!

Download Chandan24x7 app to view your report and get discount coupons.

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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. ALI MUNAVAR
EC NO.	66415
DESIGNATION	BRANCH OPERATIONS
PLACE OF WORK	JHALWA
BIRTHDATE	21-01-1974
PROPOSED DATE OF HEALTH CHECKUP	19-10-2021
BOOKING REFERENCE NO.	21D66415100005642E

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 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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2298 6730 9302



शमा नाज Shama Naaz जन्म निथि/ DOB: 05/07/1975 महिला / FEMALE



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