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	
NAME	EMPLOYEE DETAILS
C NO.	MR. KAMAL NIRBHAY PRATAP
ESIGNATION	77565
LACE OF WORK	BRANCH HEAD
IRTHDATE	KATHAULI
ROPOSED DATE OF HEALTH	07-07-1990
CHECKUP	28-05-2022
DOKING REFERENCE NO.	
ENERGE NO.	22J77565100019268E
	223775651

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 25-05-2022 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 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



