

9045613810





नाम:-Name:- ANU JAIN कर्मचारी कृट क F.C. No. 90340

200

जारीकर्ता प्राधिकारी (उप.क्षे.प्र.) Issuing Authority (च रि.स.)



बारक के हस्ताधर Signature of Holder

## Indra Diagnostic Centre, Indira Nagar



Care No.: +91-9918300637

1800

Age / Gender:

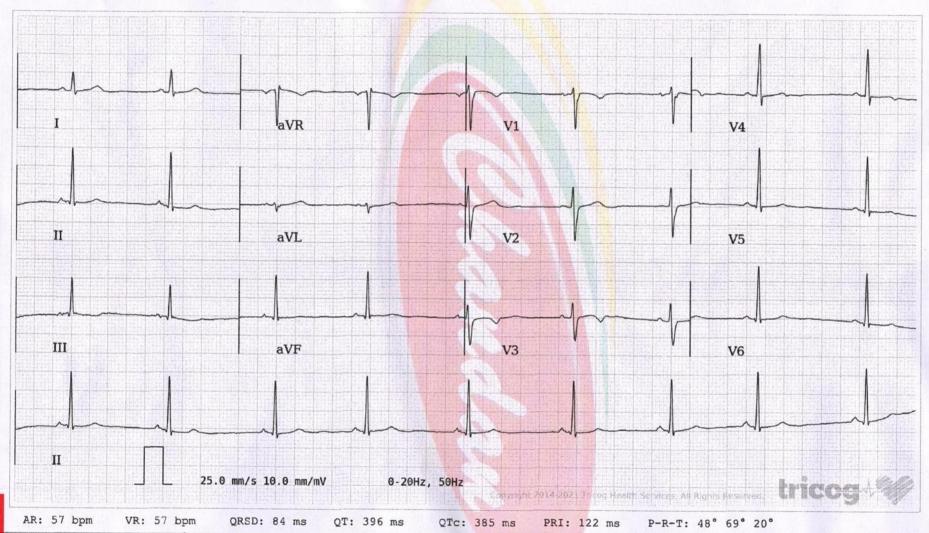
31/Female

Date and Time: 22nd Aug 21 11:50 AM

Patient ID: Patient Name: IDCD0228652122

Mrs.ANU JAIN





Sinus Bradycardia, with Sinus Arrhythmia, Nonspecific T wave Abnormality. T wave inversions in anterior chest leads is a ariant in females, however, please rule out ischemia. Please correlate clinically. ollection

**AUTHORIZED BY** 



Dr. Charit MD, DM: Cardiology

63382

REPORTED BY

isclaimeri, 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 inva sive and non-invasive tests and must be interpreted by a qualified physician.



## 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	MRS. JAIN ANU
EC NO.	90340
DESIGNATION	BRANCH OPERATIONS
PLACE OF WORK	LUCKNOW,R S M NAGAR_VB
BIRTHDATE	23-06-1990
PROPOSED DATE OF HEALTH	22-08-2021
CHECKUP	
BOOKING REFERENCE NO.	21S90340100002738E

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 21-08-2021 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))