



बैंक ऑफ बरोडा  
Bank of Baroda

नाम  
Name **ANIL KUMAR SINGH**

कर्मचारी कूट क्र.  
E.C. No. **61736**



जारीकर्ता प्राधिकारी  
Issuing Authority **जे. एच. शाह**  
**सहायक महा प्रबंधक**

धारक  
Signature of Holder



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. SINGH ANIL KUMAR
EC NO.	61736
DESIGNATION	LEAD DIST MANAGER
PLACE OF WORK	ALLAHABAD,ALLAHABAD MAIN
BIRTHDATE	10-01-1977
PROPOSED DATE OF HEALTH CHECKUP	04-04-2022
BOOKING REFERENCE NO.	22J61736100017622E

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 **02-04-2022** 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 Healthcare Limited))