

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 ANUJ KUMAR
EC NO.	106916
DESIGNATION	ISMELF CREDIT PROCESSING
PLACE OF WORK	PRAYAGRAJ,RO PRAYAGRAJ
BIRTHDATE	17-08-1992
PROPOSED DATE OF HEALTH CHECKUP	15-04-2022
BOOKING REFERENCE NO.	22J106916100017958E

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 **14-04-2022** 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))

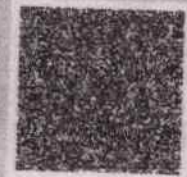
आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card  
EASPS2986F



नाम / Name  
ANUJ KUMAR SINGH

पिता का नाम / Father's Name  
RAM SINGH

जन्म की तारीख  
Date of Birth  
17/08/1992

30052020

Fill Application Digitally Signed, Card Not Valid unless Physically Signed.

*Anuj*