



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 BIPIN KUMAR
EC NO.	170054
DESIGNATION	RISK MANAGEMENT
PLACE OF WORK	PRAYAGRAJ,RO PRAYAGRAJ
BIRTHDATE	05-12-1982
PROPOSED DATE OF HEALTH CHECKUP	21-11-2021
BOOKING REFERENCE NO.	21D170054100006826E

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 **20-11-2021** 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))

Appointment Cancellation Intimation ,Package Code-PKG10000238

1 message

Mediwheel <santosh@policywheel.com>

Sat, Nov 27, 2021 at 3:07 PM

To: "idc.allahabad.corporate@gmail.com" <idc.allahabad.corporate@gmail.com>

Cc: Mediwheel CC <customercare@mediwheel.in>, Mediwheel CC <mediwheelwellness@gmail.com>

**Mediwheel**
...Your wellness partner**011-41195959**

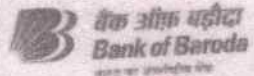
Email:wellness@mediwheel.in

Dear **Chandan Healthcare Limited,**Diagnostic/Hospital Location :**55/23/1 Kamla Nehru Road, Old Katra, City:Allahabad**

We have received the following request for Health Check up from

Health Package Code : PKG10000238**Beneficiary Name** : MR. SINGH BIPIN KUMAR**Member Age** : 38**Member Gender** : Male**Member Relation** : Employee**Package Name** : Full Body Health Checkup Male Below 40**Health Package Code** : PKG10000238**Location** : REWARI,Haryana-123302**Contact Details** : 8722465224**Booking Date** : 25-11-2021**Appointment Date** : 28-11-2021

Please login to your account to confirm the same. Also you mail us for confirmation



नाम : BIPIN KUMAR SINGH

कर्मचारी कूट.क्र. : 170054



Saboo

[Handwritten Signature]

नियंत्रण प्राधिकारी, डी.बी.ए., से.का., कामाज
Issuing Authority DRM, RO, Kamal



धारक की हस्ताक्षर
Signature of Holder

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