

Add: 49/19-B, Kamla Nehru Road, Katra, Prayagraj Ph: 9235447965,0532-3559261 CIN : U85110DL2003PLC308206



Patient Name	: Mrs.REKHA DEVI - 98331	Registered On	: 25/Feb/2024 13:38:09
Age/Gender	: 34 Y 9 M 26 D /F	Collected	: 25/Feb/2024 14:04:20
UHID/MR NO	: ALDP.0000135586	Received	: 25/Feb/2024 14:08:17
Visit ID	: ALDP0374942324	Reported	: 25/Feb/2024 16:12:31
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

DEPARTMENT OF HAEM ATOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABO & Rh typing) *,	Blood			
Blood Group	А			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Complete Blood Count (CBC) * , wr	nole Blood			
Haemoglobin TLC (WBC) DLC Polymorphs (Neutrophils)	12.50 9,800.00 68.00	g/dl /Cu mm %	1 Day- 14.5-22.5 g/dl 1 Wk- 13.5-19.5 g/dl 1 Mo- 10.0-18.0 g/dl 3-6 Mo- 9.5-13.5 g/dl 0.5-2 Yr- 10.5-13.5 g/dl 2-6 Yr- 11.5-15.5 g/dl 6-12 Yr- 11.5-15.5 g/dl 12-18 Yr 13.0-16.0 g/dl Male- 13.5-17.5 g/dl Female- 12.0-15.5 g/d 4000-10000 55-70	ELECTRONIC IMPEDANCE
Lymphocytes	28.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	2.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils Basophils ESR	2.00 0.00	% %	1-6 <1	ELECTRONIC IMPEDANCE ELECTRONIC IMPEDANCE
Observed	18.00	Mm for 1st hr.		
Corrected	, 4 .	Mm for 1st hr.	< 20	
PCV (HCT) Platelet count	38.00	%	40-54	
Platelet Count	2.10	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width) P-LCR (Platelet Large Cell Ratio)	16.60	fL %	9-17 35-60	ELECTRONIC IMPEDANCE ELECTRONIC IMPEDANCE







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MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	0.28	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	14.30	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBCCount				
RBC Count	4.00	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	97.20	fl	80-100	CALCULATED PARAMETER
MCH	31.30	pg	28-35	CALCULATED PARAMETER
MCHC	32.20	%	30-38	CALCULATED PARAMETER
RDW-CV	12.50	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	45.70	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	6,664.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	196.00	/cu mm	40-440	

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Dr.Akanksha Singh (MD Pathology)

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Visit ID	: ALDP0374942324	Reported	: 25/Feb/2024 15:00:08
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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Ur	nit Bio. Ref. Interv	val Method	
GLUCOSE FASTING * , Plasma					
Glucose Fasting	107.80	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes	GOD POD	
Interpretation: a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions. b) A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person					

will never get diabetics in future, which is why an Annual Health Check up is essential. c) I.G.T = Impared Glucose Tolerance.

Glucose PP * Sample:Plasma After Meal	115.00	mg/dl	<140 Normal 140-199 Pre-diabetes	GOD POD
			>200 Diabetes	

Interpretation:

a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.b) A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.c) I.G.T = Impared Glucose Tolerance.

GLYCOSYLATED HAEM OGLOBIN (HBA1C)	*,EDTA BLOOD		
Glycosylated Haemoglobin (HbA1c)	5.10	% NGSP	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c)	32.30	mmol/mol/IFCC	
Estimated Average Glucose (eAG)	100	mg/dl	

Interpretation:

<u>NOTE</u>:-

- eAG is directly related to A1c.
- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.
- eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes mnagement.





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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method	

The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

Haemoglobin A1C (%)NGSP	mmol/mol / IFCC Unit	eAG (mg/dl)	Degree of Glucose Control Unit
> 8	>63.9	>183	Action Suggested*
7-8	53.0 -63.9	154-183	Fair Control
< 7	<63.9	<154	Goal**
6-7	42.1 -63.9	126-154	Near-normal glycemia
< 6%	<42.1	<126	Non-diabetic level

*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc. **Some danger of hypoglycemic reaction in Type 1 diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

N.B.: Test carried out on Automated VARIANT II TURBO HPLC Analyser.

Clinical Implications:

*Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.

*With optimal control, the HbA 1c moves toward normal levels.

*A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated *Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy

c. Alcohol toxicity d. Lead toxicity

*Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss

*Pregnancy d. chronic renal failure. Interfering Factors:

*Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.

BUN (Blood Urea Nitrogen) * <i>Sample:Serum</i>	10.27	mg/dL	7.0-23.0	CALCULATED
Creatinine * Sample:Serum	0.70	mg/dl	0.5-1.20	MODIFIED JAFFES
Uric Acid * Sample:Serum	3.59	mg/dl	2.5-6.0	URICASE

LFT (WITH GAMMA GT) * , Serum

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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	L	Init Bio. Ref. Interv	al Method
	22.52	/.	25	
SGOT / Aspartate Aminotransferase (AST)	20.50	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	17.40	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	19.70	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.10	gm/dl	6.2-8.0	BIURET
Albumin	3.80	gm/dl	3.4-5.4	B.C.G.
Globulin	2.30	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.65	,	1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	116.40	U/L	42.0-165.0	IFCC METHOD
Bilirubin (Total)	0.40	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.20	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.20	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI)*, Serum				
Cholesterol (Total)	157.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	50.50	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	53	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optima 130-159 Borderline High 160-189 High	
VLDL	53.32	mg/dl	> 190 Very High 10-33	CALCULATED
Triglycerides	266.60	mg/dl	 < 150 Normal 150-199 Borderline High 200-499 High >500 Very High 	GPO-PAP

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Age/Gender	: 34 Y 9 M 26 D /F	Collected	: 25/Feb/2024 16:48:34
UHID/MR NO	: ALDP.0000135586	Received	: 25/Feb/2024 17:29:25
Visit ID	: ALDP0374942324	Reported	: 25/Feb/2024 19:03:14
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
JRINE EXAMINATION, ROUTINE*	, Urine			
Color	PALE YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic (5.0)			DIPSTICK
Appearance	CLEAR			
Protein	PRESENT (+)	[′] mg %	< 10 Absent	DIPSTICK
			10-40 (+)	
			40-200 (++)	
			200-500 (+++)	
			> 500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
			0.5-1.0 (++) 1-2 (+++)	
			>2 (++++)	
Ketone	ABSENT	mg/dl	0.1-3.0	BIOCHEMISTRY
Bile Salts	ABSENT	ing/ di	0.1 5.0	DIOCHEMISTICI
Bile Pigments	ABSENT			
Bilirubin	ABSENT		and the second second	DIPSTICK
Leucocyte Esterase	ABSENT			DIPSTICK
Urobilinogen(1:20 dilution)	ABSENT			
Nitrite	ABSENT			DIPSTICK
Blood	ABSENT			DIPSTICK
Microscopic Examination:				
Epithelial cells	15-18/h.p.f			MICROSCOPIC
	10 10/11.01			EXAMINATION
Puscells	8-10/h.p.f			
RBCs	2-3/h.p.f			MICROSCOPIC
	<i>,</i> ,			EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
				EXAMINATION
Others	ABSENT			
Urine Microscopy is done on centrifuge	d urine sediment.			
erine interescopy is done on continuge				

SUGAR, FASTING STAGE*, Urine

gms%

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ABSENT



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Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

DEPARTMENT OF CLINICAL PATHOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Interpretation: (+) < 0.5 (++) 0.5-1.0 (+++) 1-2 (++++) > 2		,		
SUGAR, PP STAGE * , Urine				
Sugar, PP Stage	ABSENT			
Interpretation: (+) < 0.5 gms%				

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Visit ID	: ALDP0374942324	Reported	: 25/Feb/2024 16:17:22
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE - TOTAL * , Serum				
T3, Total (tri-iodothyronine)	146.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	7.60	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.200	µIU/mL	0.27 - 5.5	CLIA
Interpretation:		L.		
inter promotion	0.3-4.5 μIU/mL First Trimester 0.5-4.6 μIU/mL Second Trimester			

T3, Total (tri-iodothyronine)	146.00	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	7.60	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	3.200	µlU/mL	0.27 - 5.5	CLIA

0.3-4.5	µIU/mL	First Trimester
0.5-4.6	µIU/mL	Second Trimester
0.8-5.2	µIU/mL	Third Trimester
0.5-8.9	µIU/mL	Adults 55-87 Years
0.7-27	µIU/mL	Premature 28-36 Week
2.3-13.2	µIU/mL	Cord Blood > 37Week
0.7-64	µIU/mL	Child(21 wk - 20 Yrs.)
1-39	µIU/mL	Child 0-4 Days
1.7-9.1	µIU/mL	Child 2-20 Week

1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.

2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.

3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.

4) Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.

5) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.

6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.

7) There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.

8) Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.

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Patient Name	: Mrs.REKHA DEVI - 98331	Registered On	: 25/Feb/2024 13:38:13
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UHID/MR NO	: ALDP.0000135586	Received	: N/A
Visit ID	: ALDP0374942324	Reported	: 25/Feb/2024 14:15:33
Ref Doctor	: Dr. MEDIWHEEL-ARCOFEMI HEALTH CARE LTD -	Status	: Final Report

DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA MALE & FEMALE BELOW 40 YRS

ULTRASOUND WHOLE ABDOM EN (UPPER & LOWER) *

LIVER: - Normal in size (13.5 cm), shape and echogenicity. No focal lesion is seen. No intra hepatic biliary radicle dilation seen.

GALL BLADDER :- Well distended, walls are normal. No e/o calculus / focal mass lesion/ pericholecystic fluid.

CBD :- Normal in calibre at porta.

PORTAL VEIN: - Normal in calibre and colour uptake at porta.

PANCREAS: - Head is visualised, normal in size & echopattern. No e/o ductal dilatation or calcification. Rest of pancreas is obscured by bowel gas.

SPLEEN: - Normal in size (8.5 cm), shape and echogenicity.

RIGHT KIDNEY: - Normal in size (10.3 x 3.8 cm), shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

LEFT KIDNEY: - Normal in size (10.4 x 3.6 cm), shape and echogenicity. No focal lesion or calculus seen. Pelvicalyceal system is not dilated.

URINARY BLADDER :- Normal in shape, outline and distension. No e/o wall thickening / calculus.

UTERUS :- Anteverted, and is normal in size (6.8 x 3.9 x 4.6 cm). No focal myometrial lesion seen. Endometrium is normal in thickness 10.0 mm.

OVARIES :- Bilateral ovaries are normal in size, shape and echogenicity.

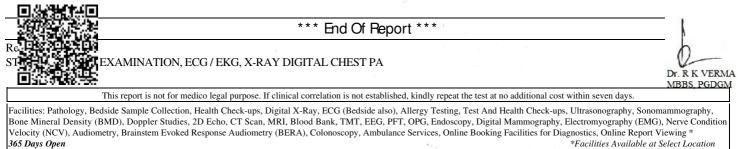
ADNEXA :- Noobvious adnexal pathology

Visualized bowel loops are normal in caliber. No para-aortic lymphadenopathy

No free fluid is seen in the abdomen/pelvis.

IMPRESSION : No significant abnormality seen.

Please correlate clinically.



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प्रति,

समन्वयक, Mediwheel (Arcofemi Healthcare Limited) हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी की पत्नी/पति जिनके विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	स्वास्थ्य जांच लाभार्थी केविवरण	
नाम	REKHA DEVI	- No. 761
जन्म की तारीख	01-05-1989	1.00
कर्मचारी की पत्नी/पति के स्वास्थ्य	17-02-2024	
जांच की प्रस्तावित तारीख		
बुकिंग संदर्भ सं.	23M98331100089656S	-
28 1	पत्नी/पति केविवरण	
कर्मचारी का नाम	MR. PATEL RADHEYSHYAM	
कर्मचारी की क.कूसंख्या	98331	
कर्मचारी का पद	HEAD CASHIER "E" II	
कर्मचारी के कार्य का स्थान	KATRA, MADNIGANJ	
कर्मचारी के जन्म की तारीख	10-05-1984	

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 09-02-2024 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के पत्नी/पति की स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-(मुख्य महाप्रबंधक) मानव संसाधन प्रबंधन विभाग बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited)से संपर्क करें।)



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 spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	OF HEALTH CHECK UP BENEFICIARY
NAME	REKHA DEVI
DATE OF BIRTH	01-05-1989
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	17-02-2024
BOOKING REFERENCE NO.	23M98331100089656S
	SPOUSE DETAILS
EMPLOYEE NAME	MR. PATEL RADHEYSHYAM
EMPLOYEE EC NO.	98331
EMPLOYEE DESIGNATION	HEAD CASHIER "E" II
EMPLOYEE PLACE OF WORK	KATRA,MADNIGANJ
EMPLOYEE BIRTHDATE	10-05-1984

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 **99-02-2024** till **31-03-2024**. 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's spouse 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))



