

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. PATEL ANKITA
EC NO.	114542
DESIGNATION	BRANCH OPERATIONS
PLACE OF WORK	LUCKNOW, JOPLING ROAD
BIRTHDATE	02-10-1991
PROPOSED DATE OF HEALTH CHECKUP	05-06-2022
BOOKING REFERENCE NO.	22J114542100019256E

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 **25-05-2022** 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))


**भारत निर्वाचन आयोग**  
**भारत चयन आयोग**  
**ELECTION COMMISSION OF INDIA**  
**IDENTITY CARD**  
 A/E/64327




नाम: **अंकित कुमार**  
 पता: **अंकित कुमार**  
 पालिका: **अंकित कुमार**  
 जिला: **अंकित कुमार**  
 जन्मदिन: **XXXX/XX/XX**


**बैंक ऑफ बरोडा**  
**Bank of Baroda**



**ANKITA PATEL**  
 नाम: **अंकित पटेल**  
 E.C. No. **114542**  
 जारीकर्ता: **अंकित पटेल**  
**ISSUING AUTHORITY**


**Ankita Patel**  
 बैंक के धरता  
 Signature of Holder