

## BILL OF SUPPLY (Original) INDRA DIAGNOSTIC CENTRE

(Unit Of Chandan Healthcare Ltd.)

Add: Kamla Nehru Road, Old Katra, Prayagraj

Ph: 9235447965,0532-2548257 Email: customercare@chandan.co.in ISO 9001:2015





CIN: U85110DL2003PLC308206

GSTIN:09AACCC1996N1Z2 Bill

HSN:999316

Name Age/Gender

Mr. Hemant Saroj-165799 36 Y 9 M 22 D /Male

ALDPB/21-22/00022760

Contact No

8109908128

Visit/Reg Date 31-Oct-2021 10:18AM

> Dr.Mediwheel - Arcofemi Health Care Ltd.

Address

Allahahad

Refered By Contract By

Mediwheel - Arcofemi Health

UHID Visit ID

ALDP.0000084425 ALDP0227602122

Care Ltd.[52610]Credit

0

S.No. Test Name

Mediwheel Bank Of Baroda Male & Female

Rate Rebate Card Disc. Manual Disc. Total 1800

0

0 1800

Bill Amount: 1800

Net Bill Amount: 1800

Total Paid Amount :

Due Amount: 1800

Received with thanks : Zero

Below 40 Yrs

Richa Mishra

You can download your report from 'www.chandandiagnostic.com' Enter user name as ITALDPA00001 and password as 8BM5JZ

For any query, kindly get in touch with us on

customercare@chandandiagnostic.com

गर्भ में पल रहे भूण के लिंग की जाँच करना एक दंडनीय अपराध है.

Attention Please!!

Download Chandan24x7 app to view your report and get discount coupons.



## 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. SAROJ HEMANT
EC NO.	165799
DESIGNATION	CREDIT
PLACE OF WORK	ALLAHABAD,KYDGANJ
BIRTHDATE	08-01-1985
PROPOSED DATE OF HEALTH CHECKUP	31-10-2021
BOOKING REFERENCE NO.	21D165799100005982E

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 27-10-2021 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))

