



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. YADAV VED PRAKASH
EC NO.	113681
DESIGNATION	CREDIT
PLACE OF WORK	NAWABGUNJ
BIRTHDATE	03-09-1988
PROPOSED DATE OF HEALTH CHECKUP	06-03-2022
BOOKING REFERENCE NO.	21M113681100013208E

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 **02-03-2022** 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))

Dear **MR. YADAV VED PRAKASH,**


Please find the confirmation for following request.

Booking Date :02-03-2022
Package Name :Full Body Health Checkup Male Below 40
Name of Diagnostic/Hospital :Chandan Healthcare Limited
Address of Diagnostic/Hospital :55/23/1 Kamla Nehru Road, Old Katra
Contact Details :9839574407
City :Allahabad
State :Uttar Pradesh
Pincode :221503
Appointment Date :06-03-2022
Confirmation Status :Confirmed
Preferred Time :09:00:AM
Comment :Appointment time - 9:30 am

Instructions to undergo Health Check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
4. Please bring all your medical prescriptions and previous health medical records with you.

बैंक ऑफ़ बड़ोदा
Bank of Baroda



नाम - वेद प्रकाश यादव
Name - VED PRAKASH YADAV

कर्मचारी कुट क्र - 113681
E.C. No. - 113681

जारीकर्ता प्राधिकारी
Issuing Authority

VedPrakash
धारक के हस्ताक्षर
Signature Hoicler


VedPrakash

R.K.

Dr. R.K. Verma
M.B.B.S.
Reg. No.-49019

MDRA DIAGNOSTIC CENTRE
19-B, Kamla Nehru Road
Katra, Prayagraj

जायकर विभाग
INCOME TAX DEPARTMENT




भारत सरकार
GOVT. OF INDIA

VED PRAKASH YADAV
MUKHRAM YADAV

03/09/1988
Permanent Account Number
ACIPY1984D

VedPrakash
Signatures



VedPrakash