



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. SINGH PREETI
EC NO.	91739
DESIGNATION	BRANCH OPERATIONS
PLACE OF WORK	BAROT
BIRTHDATE	15-08-1989
PROPOSED DATE OF HEALTH CHECKUP	12-09-2021
BOOKING REFERENCE NO.	21S91739100003798E

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 **09-09-2021** 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))

### SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
<b>Lipid Profile</b>	<b>Lipid Profile</b>
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
<b>Liver Profile</b>	<b>Liver Profile</b>
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
<b>Kidney Profile</b>	<b>Kidney Profile</b>
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
<b>General Tests</b>	<b>General Tests</b>
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation



भारत सरकार

Government of India



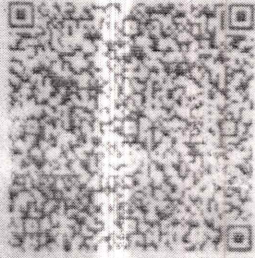
श्रीमती सिंह

Preeti Singh

जन्म तिथि / DOB : 15/08/1989

भरिता / Female

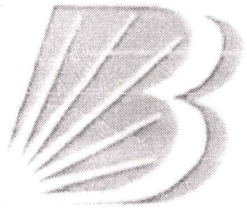
2852 1827 4658



आधार - आम आदमी का अधिकार

INDRA DIAGNOSTIC CENTRE  
49/19-B, Kamia Nehru Road  
Katra, Prayagraj

Dr. R.K. Verma  
M.B.B.S.  
Reg. No.-40019



बैंक ऑफ बड़ोदा  
Bank of Baroda



नाम / Name - PREETI SINGH


कर्मचारी कूट क्र. / E.C.No. - 91739

रक्त समूह / Blood Group - AB+

पहचान चिह्न / Identification Marks - Mole on right cheek

  
जारीकर्ता प्राधिकारी (उ.क्ष.प्र.)

Issuing Authority (D.R.M.)

  
धारक के हस्ताक्षर

Signature of Holder

कृपया मिलने पर सूचित करें - वरिष्ठ प्रबन्धक (सुरक्षा) मो 0-8601804408

क्षेत्रीय कार्यालय - 229010

Dr. R.K. Verma

M.B.B.S.

Reg. No.-40018

INDRA DIAGNOSTIC CENTRE  
49/19-B, Kamla Nehru Road  
Katra, Prayagraj