

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





CIN: U85110DL2003PLC308206

GSTIN:09AACCC1996N1Z2 Bill

HSN:999316

Name

Miss.Khushboo Narang -

183137

Age/Gender

26 Y 8 M 15 D /Female

Contact No

9807622055

Address

Allahabad

UHID

ALDP.0000085191

Contract By

Refered By

Visit/Reg Date

ALDPB/21-22/00023841

13-Nov-2021 09:42AM Dr.Mediwheel - Arcofemi

Health Care Ltd.

Mediwheel - Arcofemi Health

Rate Rebate Card Disc. Manual Disc. Total

S.No. Test Name

Mediwheel Bank Of Baroda Male & Female Below 40 Yrs

1800

0 1800

Bill Amount: 1800

Net Bill Amount: 1800

Total Paid Amount:

Duc Amount: 1800

Received with thanks: Zero

17 M. ... 2021 00.42 437 Dags 1 of 1

Ankit Kumar

You can download your report from 'www.chandandiagnostic.com' Enter user name as

ITALDPA00001 and password as 42V5FN

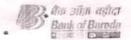
For any query, kindly get in touch with us on

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

Dans 153200

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	MS. NARANG KHUSHBOO
EC NO.	183137
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	ALLAHABAD,KHULDABAD
BIRTHDATE	27-02- 995
PROPOSED DATE OF HEALTH-	13-11-2021
BOOKING REFERENCE NO.	21D1831371(0006514E

This letter of approval / recommendation is valid if submitted alor g with copy of the Bank of Baroda employee id card. This approval is valid from 12-11-202 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 arran jement. 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 re erence 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 (Arcolemi Healthcare Limited))

