

MOSARAM AUTO SALES

L.R.P.ROAD, LAKHIMPUR KHERI, LAKHIMPUR, KHERI, 262701, UP, INDIA
 State Code: 9 Contact: 7800009643, 7408404715, 7408404714, 7800009644
 GSTIN No: 09AAJFM3951B1ZD
 Authorized Dealer: Hero MotoCorp Ltd.

ESTIMATE

Estimate No.	10730-03-REST-1225-655	Date	07-12-2025
Customer Name	SUDHARA DEVI///	Contact No.	8887667525
VIN	MBLHAW404SHA40523	Model	SPLENDOR+ XTEC 2.0
Insurance Company		Reg No.	UP34BZ9743
HMCGL Card No	1073024890005004	HMCGL Card Category	Diamond

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	83410AAE930DS -VISOR FRONT NH-1	87141090	Paid	831.36	1	9.00	9.00	0.00	0.00	0.00	0.00	981.00
2	80100AAE930S -FENDER COMPLETE REAR	87141090	Paid	702.54	1	9.00	9.00	0.00	0.00	0.00	0.00	829.00
3	50619KCC000S -BAR L STEP	87141090	Paid	38.98	1	9.00	9.00	0.00	0.00	0.00	0.00	46.00
4	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
5	51410KWA941S -PIPE COMP. FR FORK	87141090	Paid	898.31	2	9.00	9.00	0.00	0.00	0.00	0.00	2,120.00
Parts Total											0.00	4,598.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR+ XTEC 2.0	998729	Paid	1,695.00	9.00	9.00	0.00	0.00	0.00	0.00	2,000.10	
Jobs Total											0.00	2,000.10

Parts Total	4,598.00
Labour Total	2,000.10
SGST (Parts) 9%	350.6
CGST (Parts) 9%	350.6
SGST (Labour) 9%	152.5
CGST (Labour) 9%	152.5
Total	6,598.10

Rupees in Words: Six Thousand Five Hundred Ninety Eight and paise Ten Only

Authorised Signator

10730 - Main W/

1. Terms Cash
 2. Prices & statutory levies prevailing at the time of delivery shall be charged
 3. Vehicles in this workshop are handled/driven and kept at owner's risk.
 4. Customers are requested to satisfy themselves with the quality of work done before taking the delivery
 5. Supplementary estimate will be submitted if further damages/parts are required after dismantling the vehicle.
 6. Actual amount may vary from estimate
 7. Garage charges are Rs 50/- per day if vehicle not taken by the customer on delivery date
 8. All disputes subject to jurisdiction of CITY Jurisdiction Only
- #HeroMotocorp can further contact you via Call, SMS or email for feedback or to give information about New launches.

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इंश्योरेंस कंपनी लिमिटेड
Meerut

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

Sir / महोदय ,

As per details below, kindly arrange to depute the Spot / Final surveyor. / नीचे दिये गये विवरण के अनुसार, कृपया स्पॉट / फाइनल सर्वेयर नियुक्त करने की व्यवस्था करें :-

1	Name of the Insured & Mobile No./ बीमाधारक का नाम & मोबाइल नं.	Sudhara Devi, 8887667525
2	Vehicle No. / वाहन संख्या	UP34B29743
3	Policy No. / पालिसी संख्या	252400/31/2025/77225
4	Period of Insurance / बीमा अवधि	12/01/2025 से 11/01/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	खुदर बाईपास के पास
6	Place of Accident / दुर्घटना का स्थान	03/12/2025 7:00 PM
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Ramkamesh 8887667525 UP3420210011323
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	मोटरवा ले खुदर जा रहे थे तभी अचानक खुदर बाईपास के पास दूध वाले ने साइड से फट मारा जिससे मेरी गाड़ी झट्टी और खंती में गिरकर हाकिमस्त हो गई।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	N/A
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	MOSARAM AUTO SALES LRP ROAD LAKHIMPUR KHERI, 9151154036



Signature of Insured / बीमाधारक के

Date / दिनांक : 06/12/2025
हस्ताक्षर



The Oriental Insurance Company Limited
 (Incorporated in India, subsidiary of General Insurance Corporation of India)
 Regd. Office: Oriental House, P.B. No.7037, A-25/25, Asaf Ali Road, New Delhi- 110 002

MOTOR CLAIM FORM

Div. Br. Office Address Meerut

Certificate/Policy No. 252400/31/2025/77225

Tel. No.

Period of Insurance 12/01/2025 to 11/01/2026

Claim No. _____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
 Please answer All relevant questions fully

1. INSURED

- (a) Name : Sudhara Devi
 (b) Address for correspondence : R/O MOHARASA RUDRAPUR KLAN, MAHARPUR SITAPUR
 (c) Telephone : 2887667525 PS- HADGAN, SITAPUR

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>HA11F1SHA05737</u> Chassis No. <u>MBANAW404SHA0523</u>	Registration No. <u>UP3ABZ</u> <u>9743</u>
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- (a) Was the vehicle in proper working condition? Yes
 (b) For what purpose was the vehicle being used at the time of accident? N/A
 (c) Was trailer attached? N/A
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached
 2. Was a pillion rider carried

II. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need be answered in commercial vehicles only:

- (a) Registered laden weight
 (b) Unladen Weight
 (c) Weight of goods carried/Load Challan No.
 (d) Nature of permit
 (e) Nature of goods carried
 (f) Was the vehicle plying for hire
 (g) If Lorry/Jeep/Tractor, was trailer attached?
 (h) Number of passengers carried
 (i) Number of Passenger permitted

N/A

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name: Ramesh
 (b) Age: 01/01/1990
 (c) Address: VILL: MOHARSA PO - MUDRASANTHANA HARGAON, AHARPUR, ETAP
 (d) Is the Driver
 1. Owner: No
 2. paid driver?: No
 3. Owner's relative or friend?: Relative
 (e) If paid driver, how long has he been in your employment: No
 (f) Was he under the influence of intoxication Liquor or drugs?: No
 (g) Driving Licence Number: UP3420210011323
 (h) Issuing Authority: 03/08/2021
 (i) Date of Expiry: 02/08/2031
 (j) Was the licence temporary/permanent: Permanent
 (k) Details of endorsement/suspension, if any: No
 (l) Has he been involved in any accident before?: No
 (m) Has he been charged by the policy? If so, Why?: No

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

(a) Date and Time: 03/12/2025, 7:00 PM
 (b) Place: खुदर नरियास के पास
 (c) Speed of vehicle at the time of accident: 30-40
 (d) Give a short description of the accident: खुदर नरियास के पास नया गाड़ी ने बाइल से टकरा कर बाइल बिसले
 (e) If any third party was responsible for this accident give the name and address: मेरी गाड़ी दौपी ओर बाइल द्रिगटल ही गई।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage: FRONT / RIGHT
 (b) Estimated cost of repairs: MOSARAM AUTO SALES BRP ROAD
 (c) When and where can the damaged vehicle be inspected: LAKHIMPUR RHEBI, 9151154036

7. THIRD PARTY INJURY/PROPERTY DAMAGE

(a) Name: _____
 (b) Address: _____
 (c) Full Details of personal injury sustained: _____
 (d) Name and address of any person/hospital giving medical attention to injured person: _____
 (e) Full details of property damaged: _____
 (f) Has notice of any claim been given to you?: N/A

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : _____
- (b) If yes, give full details : _____

N/A

9. WITNESS

- (a) Give names and addresses of passengers/other Witness, if any : _____
- (b) Did a Police Constable take particulars of The accident? : _____
- (c) Was accident reported to Police? If not, Why? : _____
- (d) If yes, to which Police Station? : _____
- (e) Date and Diary No. : _____

N/A

10. THEFT

- (a) Date and Time : _____
- (b) Place : _____
- (c) What was stolen? : _____
- (d) Estimated cost of replacement? : _____
- (e) By whom discovered and reported? : _____
- (f) Has theft been reported to Police? : _____
- (g) When? : _____
- (h) Which Policy Station? : _____
- (i) C.R. diary Number : _____

N/A

I/we the above named do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement every respect and I/We have made or in any further declaration the Company may require in respect of the said accident, shall make any false or fraudulent statement of any suppression or concealment, the Policy shall be void and all rights to receive thereunder in respect of part or future accident shall be forfeited.

Date 06/12/2005

Signature of the insured



सुधारा देवी

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. _____

Issuing Office



The Oriental Insurance Company Limited
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

Received _____ Day of _____ 200____
From THE ORIENTAL INSURANCE COMPANY LIMITED, the sum of Rs. _____

(In words Rupees _____)
in full and final settlement of the loss and/or damage caused through the accident to
my/our motor Car/Vehicle No. UP34B29743 insured under Policy No. _____ of
the said company and accident which occurred on or about _____ I/We give
the discharge receipt to the Company in full and final settlement of all my/our claims
present of future arising directly/indirectly in respect of the said accident arising directly/indirectly in respect

Rs. _____



One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-



सुधारा मेरी

Witness
Name
Signature
Address

Signature
Occupation
Address

Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

FORM 60

[See third provision to of Rule 114B]

Form of Declaration to be filled by a person who does not have either permanent account number or general index Register Number and who makes payment in respect of transaction specified in clauses (c) to (f) of rule 114B of the Income Tax Act, 1962.

1. Full Name and Address of the declarant Sudhara Devi, PO: Ramnatesh
RO: Maharaja Roadpur Kham, Baharpur, Sitapur
Uttar Pradesh - 261135

2. Particulars of transaction

Account Type Number

3. Amount of the transaction Rs.

4. Are you assessed to tax? Yes / No

5. If yes,

- i) Details of Ward / Circle / Range where the last return of income was filed.
- ii) Reasons for not having permanent account number / General Index Register Number

6. Details of document being produced in support of address in column (1)

Verification

I, do hereby declare that what is stated above is true to the best of my knowledge and belief.

Date

Place



Sudhara Devi

Signature of the declarant

Instructions: Documents which can be produced in support of the address are:

- (a) Ration Card
- (b) Passport
- (c) Driving License
- (d) Identity Card issued by any institution
- (e) Copy of Electricity bill or Telephone bill showing residential address.
- (f) Any document of communication issued by authority of Central Government or local bodies showing residential address.
- (g) Any other documentary evidence in support of his address given in the declaration.

Note: Amendment with effect from 1st November, 1998 as per Income Tax Act, 1962 Rule 114-B: para (c) A time deposit exceeding Rs. 50,000/- with a banking company: para (f) opening an account with a Banking Company.



The Oriental Insurance Company Ltd.

Policy Schedule

Report ID : PGR0928

Page No : 1

Signer: RAJIV KUMAR GUPTA
Date: Sun, Jan 12, 2025 11:48:53 IST
Reason: Signing Policy for OICL

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE
(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

Policy Type	DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA, MEERUT, U.P.		Policy Issued On	12-JAN-25
Policy No	252400/31/2025/77225		Proposal No. & Date	R/252400/31/2025/95322951/18 & 12-JAN-2025
Agent/Broker Code	BA0000155144		Policy Period (OWN DAMAGE)	FROM 18:33 ON 12/01/2025 TO MIDNIGHT OF 11/01/2026
Agent/Broker Name	ABHINAV BHATI		Policy Period (LIABILITY)	FROM 18:33 ON 12/01/2025 TO MIDNIGHT OF 11/01/2030
Insured Name	SUDHARA DEVI (GSTIN: 0)			
Insured Address	W/O SHRI RAM NARESH, R/O MOHARASA RUDRAPUR KLAN, LAHARPUR, SITAPUR, NA.			

INSURED MOTOR VEHICLE DETAILS		Lead/Breakin No	/0
Make	HERO MOTOCORP	Insured State	UTTAR PRADESH
Model & Variant	HERO SPLENDOR PLUS XTECH E20	Vehicle INSURED DECLARED VALUE (IDV) (in Rs.)	
Registration No	NEW	Electrical Accessories	80133
Year Of Manufacture	2025	Non Electrical Accessories	0
Engine -Chassis No	HA11F1SHA05737 - MBLHAW404SHA40523	Total IDV	80133
Cubic Capacity	100	TMF CONTRACT NO	
Seating Capacity	1 + 1	Policy Type	Zone B - Rest of India
Type Of Body	SOLO	Geographical Area	IND
RTO Location		Type Of Fuel	PETROL

OWN DAMAGE SECTION(A)		Schedule Of Premium (Amount in Rs.)	
Elec Accessories	1343.03	LIABILITY SECTION (B)	
Non-Elec Accessories	0	Basic Third Party Liability	3851
Basic Premium	201.03	Compulsory PA Cover Premium	
Geographical Area Extn (IMT -1)	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Driving Tuition Loading On OD Premium (60%)	0	Legal Liability (WC) to driver (IMT-28)	0
Sub-Total Additions	0	Legal Liability to Employees (IMT-29)	0
Deductibles		Legal Liability to Passenger (IMT-46)	0
Voluntary Deductibles (IMT 22A)	0	Driving Tuition Loading On TP Premium (60%)	NA
Anti-Theft Device (IMT-10)	0	PA Paid Driver, Conductor, Cleaner-GR36B3	0
AAI Membership (IMT-8)	0	Net Liability Premium (B)	3851
No Claim Bonus	0	Total Premium (A+B)	4052
Discount for vehicle designed for handicapped	0	GST	730
SIP Discount	0	SERVICE TAX	0
Sub-Total Deductibles	0	STAMP DUTY	0.00
NIL Depreciation	0	Swachh Bharat Cess@0.50%	0
Return to Invoice	0	Stamp Duty Cess@0.50%	0
Key Replacement	0	Gross Premium Paid	4782
Consumables	0	Note:	
Sub Total Add-on Coverages	0	1. Policy issuance is the subject to the realisation of cheque	
Net own Damage Premium(A)	201	2. Consil dated Stamp Duty paid via Challan No	
		3. The Policy is subject to a compulsory Deductible of Rs 0 (IMT-22)	
		4. Voluntary excess Rs(0)	
		5. Subject to Endorsements IMT,7,10,28,	

Nominee Details :	Nominee Name			
Payment Details :	Payment Method	Cheque No./Transaction No.	Age	Relation
Financer Type		Financer Name	HERO FINCORP LTD.	Amount
POS Name	NA	POS ID	NA	Financer Branch
				POS PAN NO/Adhar No
				NA

In the event of a claim under the policy exceeding Rs.1lac or a claim for refund of premium exceeding Rs1lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating Offices as well as company's website.

The insurance under the policy is subject to conditions, clauses, warranties, exclusions, IMTs and OIC endorsements mentioned herein above which are available on company's website: www.orientalinsurance.org.in or on demand from the policy issuing office.

Warranty that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

Claim is not admissible if driving License is found fake or is not valid whether or not in the Knowledge of the insured.

I/We hereby certify that the policy to which the certificate relates as well as this certificate of insurance are issued in accordance with the provision of Chapter X and Chapter XI of Motor Vehicles Act, 1988.

IMPORTANT NOTICE

The Insured is not indemnified if the vehicle is used or driven otherwise than in accordance with this schedule/Any Payment made by the company by reason of wider terms appearing in the certificate in order to comply with the MVAct,1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".

Limitations as to use: Use only for social domestic and pleasure purposes and the Insured's business. The Policy does not cover the use for: (1) Hire or reward (2) Carriage of goods (other than samples or personal luggage) (3) Organized racing (4) Pace Making (5) Speed testing (6) Reliability trials

Any Purpose in connection with motor trade: Driver's Clause: Any person including the insured: Provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the property is Rs 7.5 lakhs or more under section III of the policy. Death of or body injury: Such amount is necessary to meet the requirement of the motor vehicle act 1988 Under Section II-1 (ii) of the policy. Damage to third party No Claim Bonus: The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy if no claim is made during the preceding year(s), as per the. The preceding year/20% preceding two consecutive years/25% preceding three consecutive years/35% preceding five consecutive years/45% preceding five consecutive years/50% preceding five consecutive years/55% preceding five consecutive years/60% preceding five consecutive years/65% preceding five consecutive years/70% preceding five consecutive years/75% preceding five consecutive years/80% preceding five consecutive years/85% preceding five consecutive years/90% preceding five consecutive years/95% preceding five consecutive years/100% preceding five consecutive years.

I/We hereby certify that the policy to which this certificate relates as well as the certificate of insurance are issued in accordance with the provisions of chapter X and XI of M.V. Act, 1988.

* This insurance excludes all pre-existing damages

Approved By :	UNIV@252400
Approved On :	12-JAN-25
Place :	MRT
Printed On :	12-JAN-25

For and on behalf of
The Oriental Insurance Company Limited

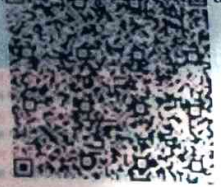
General Manager
Authorized Signature

GOVERNMENT OF UTTAR PRADESH

Transport Department Sitapur

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP34BZ9743 Registration Date : 13-Jan-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : MUSA RAM AUTO SALES, L R P ROAD, LAKHIMPUR KHERI, , 153-262701
 Owner Name : SUDHARA DEVI Son/wife/daughter of : C/O SRI RAM NARESH
 Full Address: (Permanent) : R/O MOHARASA RUDRAPUR KLAN, LAHARPUR SITAPUR, PS- HARGAON, SITAPUR, UTTAR PRADESH-261135
 Full Address: (Temporary) : R/O MOHARASA RUDRAPUR KLAN, LAHARPUR SITAPUR, PS- HARGAON, SITAPUR- UTTAR PRADESH-261135
 Fitness Up To : 12-Jan-2040 Owner Serial No : 1

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Ownership : INDIVIDUAL Norms : BHARAT STAGE VI
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA1038955871 Rear HSRP No : AA2120643910
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 01/2025
 No of Cylinders : 1 Chassis No : MBLHAW404SHA40523
 Engine No : HA11F1SHA05737 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ XTEC 2.0 Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 112
 Colour : Black Heavy Grey Laden/GV Wt (kgs) : 242
 Other Criteria : AC Fitted : NO
 Vehicle Purchase As : Fully Built

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

By Manuf.	Description	As Regd.	Weight(in kgs)
a) Front:			
b) Rear:			
c) Other:			
d) Tandem:			

The motor vehicle above described is subject to Hypothecation in favour of HERO FINCORP LTD, PUNE, PUNE, , Pune, Maharashtra-411009 w.e.f. 12-Jan-2025.

Purchase dt : 12-Jan-2025 Sale Amt : 84351/-
 OTT Date : 12-Jan-2025 Amount/Rcpt No : 8436 / UP34D25010002180
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 07-Feb-2025

Other State/Transfer/Conversion/Reassign Details

Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 13-Jan-2025 to 12-Jan-2040

Date : 01-Mar-2025 13:14:49

Taxation Particulars / Advance Registration Mark Fee Details

Registering Authority
 Signature of Registering Authority
 Date: 01-Mar-2025

Q 1050041



Indian Union Driving Licence
Issued by Uttar Pradesh

UP

UP34 20210011323

Issue Date: 03-08-2021
Validity (NT): 02-08-2031

Validity (TR)*



Holder's Signature

(03-08-2021)
Date of First Issue



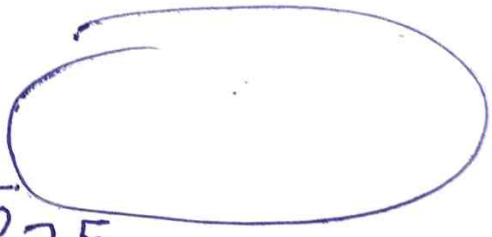
Name: **RAMNARESH**
Date of Birth: **01-01-1990**
Son/Daughter/Wife of: **SHATROHAN**
Blood Group:

Organ Donor: **N**

Address:
**VILLAGE MOHARSA POST MUDRASAN THANA
HARGAON TEHSIL LAHARPUR SITAPUR, UP
261135**

रामनरेश

8887667525



DL No: UP34 20210011323

UPDL000006041268



Invalid Carriage (Regn Numbers)*

Hazardous Validity*

Hill Validity*

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number*	Badge Issued Date*	Badge Issued By*
MCWG	UP34	03-08-2021	NT				
LMV	UP34	03-08-2021	NT				
MVSD							

Emergency Contact Number

Licence Authority
UP34 SITAPUR

Form 7 Rule 16(2)

भारत सरकार
Government of India

सुधरा देवी
Sudhara Devi
जन्म तिथि / DOB: 01/01/1993
महिला / FEMALE

8807 5076 4397

मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता
C/O राम नरेश, मोहरसा रुद्रपुर कला, लखनपुर
सीतापुर, उत्तर प्रदेश - 261135

Address:
C/O Ram Naresn, moharasa rudrapur klan,
Laharpur, Sitapur, Uttar Pradesh - 261135


8807 5076 4397

help@uidai.gov.in

भारत सरकार
Government of India

आधार

Author no. issued: 13052015



नाम: रामसोहन
 कान्हासोहन
 जन्म तिथि/DOB: 01/01/1990
 लिंग/ GENDER: MALE

आधार पहचान का प्रमाण है, नागरिकता का प्रमाण नहीं है।
 इसका उपयोग नागरिकता (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/ऑनलाइन प्रमाणीकरण की प्रकृति) के साथ किया जाना चाहिए।
 Aadhaar is proof of identity, not of citizenship
 or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline BML)

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मेरा आधार, मेरी पहचान

भारत सरकार
Government of India


आधार प्राधिकरण
Aadhaar Authority of India

आधार

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