

**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-1225-660	Date	07-12-2025
Customer Name	AMIT KUMAR ...	Contact No.	9805147740
VIN	MBLHAW145RHL02757	Model	HF DELUXE
Insurance Company		Reg No.	UP31CJ7204
HMCGL Card No	1073024840004993	HMCGL Card Category	Platinum

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	17520ACK000RS -"FUEL TANK(BLACK (TYPE-1),NH-1 (T1))"	87141090	Paid	6,250.00	1	9.00	9.00	0.00	0.00	0.00	0.00	7,375.00
2	83400KSTH50ZDS -FR VISOR(CBR)	87141090	Paid	937.29	1	9.00	9.00	0.00	0.00	0.00	0.00	1,106.00
3	3310BAAHH51S -LIGHT ASSY. HEAD	85122010	Paid	459.68	1	9.00	9.00	0.00	0.00	0.00	0.00	542.42
4	53175AAFH00S -LEVER COMP.R STRG.HNDL.	87141090	Paid	77.97	1	9.00	9.00	0.00	0.00	0.00	0.00	92.00
5	88110AAH2000S -MIRROR ASSEMBLY RIGHT BACK(GY-141M)	70091090	Paid	203.39	1	9.00	9.00	0.00	0.00	0.00	0.00	240.00
6	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
7	33650KST940S -WINKER ASSY.L RR(BULB)	85122010	Paid	148.31	1	9.00	9.00	0.00	0.00	0.00	0.00	175.00
<b>Parts Total</b>											0.00	<b>10,152.42</b>

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-HF DELUXE	998729	Paid	1,695.00	9.00	9.00	0.00	0.00	0.00	0.00	2,000.10	
<b>Jobs Total</b>											0.00	<b>2,000.10</b>

<b>Parts Total</b>	10,152.42
<b>Labour Total</b>	2,000.10
SGST (Parts) 9%	774.34
CGST (Parts) 9%	774.34
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
<b>Total</b>	<b>12,152.52</b>

Rupees in Words: Twelve Thousand One Hundred Fifty Two and paise Fifty Two Only Authorised Signatory

- Terms Cash
  - Prices & statutory levies prevailing at the time of delivery shall be charged
  - Vehicles in this workshop are handled/driven and kept at owner's risk.
  - Customers are requested to satisfy themselves with the quality of work done before taking the delivery
  - Supplementary estimate will be submitted if further damages/parts are required after dismantling the vehicle.
  - Actual amount may vary from estimate
  - Garage charges are Rs 50/- per day if vehicle not taken by the customer on delivery date
  - 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
- 10730 - Main W/S

**TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE**

(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01214063570, (GSTIN: 09AAACT0627R4ZU)

<b>Policy Type</b>	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))	<b>Policy Issued On</b>	07-JAN-25
<b>Policy No</b>	252400/31/2025 76539	<b>Proposal No.&amp; Date</b>	R 252400/31/2025 9506406729 & 07-JAN-2025
<b>Agent/Broker Code</b>	BA0000155144	<b>Policy Period (OWN DAMAGE)</b>	FROM 16:45 ON 07/01/2025 TO MIDNIGHT OF 06/01/2026
<b>Agent/Broker Name</b>	ABHINAV BHATI	<b>Policy Period (LIABILITY)</b>	FROM 16:45 ON 07/01/2025 TO MIDNIGHT OF 06/01/2026
<b>Insured Name</b>	AMIT KUMAR (GSTIN: 0)	<b>Lead /Breakin No</b>	0
<b>Insured Address</b>	S/O SRI RAM KHELAVAN, S O SRI RAM KHELAVAN VILL- JAMUNIYA PO- OEL, PS-KHERI, LAKHIMPUR	<b>Insured State</b>	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
<b>Make</b>	HERO MOTOCORP	<b>Vehicle</b>	60705
<b>Model &amp; Variant</b>	HERO HF DELUXE SELF E20	<b>Electrical Accessories</b>	0
<b>Registration No</b>	NEW	<b>Non Electrical Accessories</b>	0
<b>Year Of Manufacture</b>	2025	<b>Total IDV</b>	60705
<b>Engine -Chassis No</b>	HA11E7RHL62026 - MBLHAW145RHL02757	<b>TMF CONTRACT NO</b>	
<b>Cubic Capacity</b>	100	<b>Policy Type</b>	Zone B - Rest of India
<b>Seating Capacity</b>	1 - 1	<b>Geographical Area</b>	IND
<b>Type Of Body</b>	SOLO	<b>Type Of Fuel</b>	PETROL
<b>RTO Location</b>			

Schedule Of Premium (Amount in Rs.)			
OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
<b>Vehicle</b>	1017.42	<b>Basic Third Party Liability</b>	3851
<b>Elec Accessories</b>	0	<b>Compulsary PA Cover Premium</b>	0
<b>Non-Elec Accessories</b>	0	<b>PA Cover for 0 Person Of Rs (0) each (IMT-16)</b>	0
<b>Basic Premium</b>	153.42	<b>Legal Liability (WC) to driver (IMT-28)</b>	0
<b>Geographical Area Extn (IMT -1)</b>	0	<b>Legal Liability to Employees (IMT-29)</b>	0
<b>Driving Tuition Loading On OD Premium (60%)</b>	0	<b>Legal Liability to Passenger (IMT-46)</b>	NA
<b>Sub-Total Additions</b>	0	<b>Driving Tuition Loading On TP Premium (60%)</b>	NA
<b>Deductibles</b>		<b>PA Paid Driver, Conductor, Cleaner-GR36B3</b>	0
<b>Voluntary Deductibles (IMT 22A)</b>	0	<b>Net Liability Premium (B)</b>	3851
<b>Anti- Theft Device (IMT-10)</b>	0	<b>Total Premium (A+B)</b>	4004
<b>AAI Membership (IMT-8)</b>	0	<b>GST</b>	720
<b>No Claim Bonus</b>	0	<b>SERVICE TAX</b>	0
<b>Discount for vehicle designed for handicapped</b>	0	<b>STAMP DUTY</b>	0.00
<b>SIP Discount</b>	0	<b>Swachh Bharat Cess @ 0.50%</b>	0
<b>Sub-Total Deductibles</b>	0	<b>Krisshi Kalyan Cess @ 0.50%</b>	0
<b>Add-On Coverages</b>		<b>Gross Premium Paid</b>	4724
<b>NIL Depreciation</b>		<b>Note:</b>	
<b>Return to Invoice</b>	0	1. Policy Issuance is the subject to the realisation of cheque	
<b>Key Replacement</b>	0	2. Consolidated Stamp Duty paid via Challan No	
<b>Consumables</b>	0	3. The Policy is subject to a compulsory Deductible of Rs 0 (IMT-22)	
<b>Sub Total Add-on Coverages</b>	0	4. Voluntary excess: Rs(0)	
<b>Net own Damage Premium(A)</b>	153	5. Subject to Endorsements IMT-7, 10, 28.	

<b>Nominee Details :</b>	<b>Nominee Name</b>	<b>Age</b>	<b>Relation</b>
<b>Payment Details :</b>	<b>Payment Method</b>	<b>Cheque No./Transaction No.</b>	<b>Bank Name</b>
<b>Financer Type</b>	<b>Financer Name</b>	<b>Financer Branch</b>	<b>Amount</b>
<b>POS Name</b>	<b>POS ID</b>	<b>POS PAN NO/Aadhar No</b>	<b>NA</b>

In the event of a claim under the policy exceeding Rs 1000 or a claim for refund of premium exceeding Rs 100 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](http://www.orientalinsurance.org) or on demand from the policy issuing office.

Warranted that in case of dishonour of premium cheques the Company shall not be liable under the policy and the policy shall be void ab initio (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.

In witness whereof the undersigned being authorised by and on behalf of the company has hereunto set his hand at 252400 on 07-JAN-25

**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 MV Act, 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 (7) 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, the title of the vehicle and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective learner's license may also drive vehicle & that such a person satisfies the requirement of Rule 10 of the Central Motor Vehicles Rules, 1989.

**Limits of Liability Clause:** Under section II-1 (i) of the policy - Death or body injury. Such amount is necessary to meet the requirements of the motor vehicle act 1988. Under Section II-1 (ii) of the policy - Damage to third party property is Rs. 7.5 lakhs P.A. Cover under section III for owner-Driver is RS

**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 or pending 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% NCB on OD premium. No Claim bonus only be allowed provided the policy is renewed within 90 days of the previous policy.

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 : 07-JAN-25

Place : MRT

Printed On : 07-JAN-25

**For and on behalf of**

**The Oriental Insurance Company Limited**

**General Manager**

**Authorized Signature**



FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP31CJ7204 Registration Date : 08-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 : AMIT KUMAR Son/wife/daughter of : SRI RAM KHELAVAN  
 Full Address: (Permanent) : VILL- JAMUNIYA, PO- OEL KHERI, PS- KHERI, KHERI, UTTAR PRADESH-262725  
 Full Address: (Temporary) : VILL- JAMUNIYA, PO- OEL KHERI, PS- KHERI, KHERI-UTTAR PRADESH-262725  
 Fitness UpTo : 07-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 : AA2117953525 Rear HSRP No : AA2118187214  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2024  
 No of Cylinders : 1 Chassis No : MBLHAW145RHL02757  
 Engine No : HA11ECRHL02739 Fuel : PETROL  
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20  
 Maker's Classification : HF DELUXE (DRS) Wheel base : 1235  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleeper Cap : 0 Unladen Wt (kgs) : 112  
 Colour : BLACK GREY STRIPE 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.	As Regd.	Description	Weight(in kgs)
a) Front:			
b) Rear:			
c) Other:			
d) Tandem:			

The motor vehicle above described is subject to Hypothecation in favour of w.e.f. .

Purchase dt : 07-Jan-2025 Sale Amt : 63900/-  
 OTT Date : 07-Jan-2025 Amount/Rcpt No : 6390 / UP31D25010001498  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 12-Jan-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 08-Jan-2025 to 07-Jan-2040

Date : 22-Jan-2025 11:04:25

Signature of Registering Authority

Date : 22 Jan 2025

Taxation Particulars / Advance Registration Mark Fee Details

P 9521003

To / सेवा में,  
The Oriental Insurance Co Ltd /  
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड  
.....M.E.E.R.U.T.....

The Oriental Insurance Co Ltd  
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

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.	अमित कुमार. 9805147740
2	Vehicle No. / वाहन संख्या	UP31CJ 7204
3	Policy No. / पालिसी संख्या	252400/31/2025/76539
4	Period of Insurance / बीमा अवधि	07/01/2025 से 06/01/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	03/12/2025 5:00PM
6	Place of Accident / दुर्घटना का स्थान	ओयल के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	धीरू वर्मा, UP312021016453 9336415036
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण : ओयल के पास सामने से कुला से टक्कर हो गई जिससे मेरी गाड़ी लॉकी और गिरकर सतिमस्त 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.

Date / दिनांक : 05/12/2025  
हस्ताक्षर

3412/2025  
Signature of Insured / बीमाधारक के



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. 252400/31/2025/76539

Tel. No.

Period of Insurance 07/01/2025 से 06/01/2026  
 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 : AMIT KUMAR  
 (b) Address for correspondence : JAMUNIYA, OEL, KHERI, UP, 262725  
 (c) Telephone : 9805147740

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>HAFHFCRHLO2739</u> Chassis No. <u>MBLHAW145RHLO2757</u>	Registration No. <u>UP31CT</u> 7204
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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?  
 (c) Was trailer attached?  
 (d) If a Motor Cycle/scooter N/A  
 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 trailor attached?  
 (h) Number of passengers carried  
 (i) Number of Passenger permitted
- N/A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : DHIRU VERMA
- (b) Age : 03/01/2000
- (c) Address : VILL-KHAKHARA PO-KALAAAM PS KOTWALISADAR, LAKHIMPUR KHERI, UP-262701
- (d) Is the Driver
1. Owner : NO
  2. paid driver? : NO
  3. Owner's relative or friend? : BHAI
- (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 : UP31 20210016453
- (h) Issuing Authority : 26/10/2021
- (i) Date of Expiry : 02/10/2040
- (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 other insurance policies indemnifying you in

5. DETAILS OF ACCIDENT

- (a) Date and Time : 03/12/2025 5:00 PM
- (b) Place : ओरल के पास
- (c) Speed of vehicle at the time of accident : 30-40
- (d) Give a short description of the accident : ओरल के पास सामने से वुल्टा से टक्कर हो गई जिससे मेरी गाड़ी बायीं ओर गिरकर क्षतिग्रस्त हो गई
- (e) If any third party was responsible for this accident give the name and address :

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND RIGHT
- (b) Estimated cost of repairs :
- (c) When and where can the damaged vehicle be inspected : MOSAKRAM AUTO SALES LAKHIMPUR KHERI 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 : N/A
- (e) Full details of property damaged :
- (f) Has notice of any claim been given to you? :

8. INJURY TO DRIVER/OCCUPANT

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

NO  
NO

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 Police 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 05/12/2005

Signature of the insured अमित कुमार

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. UP31C77204 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.

Rs. \_\_\_\_\_



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

Witness  
Name .....  
Signature .....  
Address .....

Signature 31/12/2012  
Occupation .....  
Address .....

Bank Account Number .....  
Name of the Bank .....

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 AMIT KUMAR S/O RAM KHELAVAN  
JAMUNGIYA, OFI, KHERI, UTTAR PRADESH, 202725

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 05/12/2025

Place KHERI

सुनील कुमार  
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.

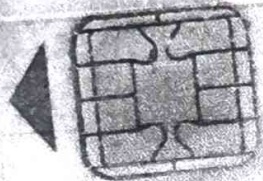
**Note:** Amendment with effect from 1<sup>st</sup> November, 1998 as per Income Tax Act, 1962 Rule 114 B: para (c) A time deposit exceeding Rs. 50,000/- with a banking company : para (f) opening an account with a Banking Company.



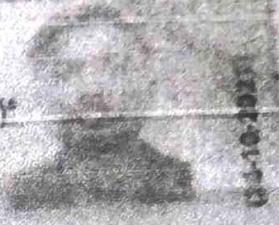
**Indian Union Driving Licence**  
**Issued by Uttar Pradesh**



**UP31 20210016453**



Issue Date: **26-10-2021**    Validity (NT): **02-01-2040**    Validity (TR): \_\_\_\_\_



Holder's Signature: \_\_\_\_\_

Name: **DHIRU VERMA**  
 Date of Birth: **03-01-2000**    Blood Group: \_\_\_\_\_  
 Son/Daughter/Wife of: **SANTRAM VERMA**

Organ Donor: **N**

Address:  
**VILL - KHAKHARA PO - KALA AAM PS KOTWALI**  
**SADAR LAKHIMPUR, LAKHIMPUR KHERI, UP**  
**262701**

26-10-2021

Date of First Issue

UPDL000096687545

**DL No: UP31 20210016453**



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*
	MCMPG	UP31	26-10-2021	NT			
	LMV	UP31	26-10-2021	NT			

Emergency Contact Number \_\_\_\_\_

*(Signature)*  
 Licensing Authority  
**UP31 LAKHIMPUR KHERI**

Form 7 Rule 16(2)



भारत सरकार

Government of India

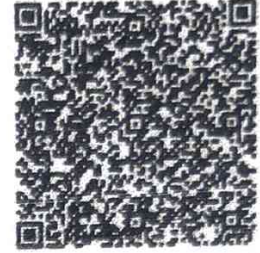


अमित कुमार

Amit Kumar

जन्म तिथि / DOB : 20/12/1999

पुरुष / Male



4539 6176 6406

आधार - आम आदमी का अधिकार



Unique Identification Authority of India

पता:

आत्मज: राम खेलावन, जमुनिया,  
ओयल, खीरी, उत्तर प्रदेश, 262725

Address:

S/O: Ram Khelavan, Jamuniya,  
Oel, Kheri, Uttar Pradesh, 262725

4539 6176 6406

1947  
1800 300 1947

help@uidai.gov.in

www  
www.uidai.gov.in