

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

-TIMAT

Estimate No. 10730-03-REST-1225-642
 Customer Name ANEETA DEVI ..
 VIN MBLHAW142RHJ07845
 Insurance Company
 HMCGL Card No 1073025590000191
 Part Details

Date 04-12-2025
 Contact No. 9991809113
 Model HF DELUXE
 Reg No. UP31CJ7969
 HMCGL Card Category Gold

| S No | Part Number | HSN No. | Billing Type | Rate | Qty | SGST % | CGST % | UTGST % | IGST % | Discount % | Discount | Net Amount |
|------|---|----------|--------------|----------|-----|--------|--------|---------|--------|------------|----------|------------|
| 1 | K44446AAED230S -KIT WHEEL COMP FRONT | 87141090 | Paid | 3,905.93 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 4,609.00 |
| 2 | 45010AAC030S -PANEL SUB FRONT BRAKE | 87141090 | Paid | 534.75 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 631.00 |
| 3 | 51400KSTA11S -FORK ASSY R FR | 87141090 | Paid | 1,991.53 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,350.00 |
| 4 | 51500KSTA11S -FORK ASSY L FR | 87141090 | Paid | 1,991.53 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,350.00 |
| 5 | 61100AAH100US -FENDER FRONT COMPLETE(R-195C) | 87141090 | Paid | 706.78 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 834.00 |
| 6 | 61311KST950S -STAY HEAD LIGHT BRACKET | 87141090 | Paid | 233.90 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 276.00 |
| 7 | 83400KSTH50ZDS -FR VISOR(CBR) | 87141090 | Paid | 937.29 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,106.00 |
| 8 | 3310BAAH10099S -LIGHT ASSY. HEAD | 85122010 | Paid | 444.92 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 525.00 |
| 9 | 83402ACK000S -PANEL INNER | 87141090 | Paid | 116.95 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 138.00 |
| 10 | 33450KST950S -WINKER ASSY.L FR(W/O BULB) | 85122010 | Paid | 152.54 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 180.00 |
| 11 | 61311KST950S -STAY HEAD LIGHT BRACKET | 87141090 | Paid | 233.90 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 276.00 |
| 12 | 37100AAFH00S -METER ASSY COMB | 87141090 | Paid | 1,233.90 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,456.00 |
| 13 | 53100KST870S -PIPE STRG.HANDLE | 87141090 | Paid | 356.78 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 421.00 |
| 14 | 53200KST950S -STEM COMP.STRG. | 87141090 | Paid | 679.66 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 802.00 |
| 15 | 33450KST950S -WINKER ASSY.L FR(W/O BULB) | 85122010 | Paid | 152.54 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 180.00 |
| 16 | 88120AAH2000S -MIRROR ASSEMBLY LEFT BACK(GY-141M) | 70091090 | Paid | 203.39 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 240.00 |
| 17 | K50507HF100DS -KIT STEP | 87141090 | Paid | 111.02 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 131.00 |
| 18 | 24701KST950S -PEDAL GEAR CHANGE | 87141090 | Paid | 148.31 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 175.00 |
| 19 | K50507HF100DS -KIT STEP | 87141090 | Paid | 111.02 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 131.00 |
| 20 | 51104AAH030S -STEP WOMEN | 87141090 | Paid | 120.34 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 142.00 |
| 21 | 50100KST870S -BODY COMP. FRAME | 87141090 | Paid | 5,038.98 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 5,946.00 |
| 22 | 64311KST950S -BRACKET COMPLETE FRONT NO PLATE | 87141090 | Paid | 69.49 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 82.00 |

| | | | | | | | | | | | | |
|--------------------|---|----------|------|--------|---|------|------|------|------|------|------|-----------|
| 24 | COMP.R STRG.HNDL. 50803KST940S -GUARD LEG | 87141090 | Paid | 527.12 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 622.00 |
| 25 | 83550KCC900SR -LOCK SIDE COVER | 99990000 | Paid | 33.05 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 39.00 |
| 26 | 83540AAH100SR -SET UTILITY BOX R COVER | 99990000 | Paid | 35.94 | 1 | 14.0 | 14.0 | 0.00 | 0.00 | 0.00 | 0.00 | 46.00 |
| Parts Total | | | | | | | | | | | 0.00 | 23,780.00 |

Labour Details

| 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 | |
| Jobs Total | | | | | | | | | | | 0.00 | 2,000.10 |

| | |
|---------------------|------------------|
| Parts Total | 23,780.00 |
| Labour Total | 2,000.10 |
| SGST (Parts) 14% | 5.03 |
| SGST (Parts) 9% | 1,810.22 |
| CGST (Parts) 14% | 5.03 |
| CGST (Parts) 9% | 1,810.22 |
| SGST (Labour) 9% | 152.55 |
| CGST (Labour) 9% | 152.55 |
| Total | 25,780.10 |

Rupees in Words: Twenty Five Thousand Seven Hundred Eighty and paise Ten Only

Authorised Signatory

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.

10730 - Main W/S

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस 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. | अनीता देवी, 7206332146 |
| 2 | Vehicle No. / वाहन संख्या | UP31 CT 7969 |
| 3 | Policy No. / पालिसी संख्या | 252400/31/2025 / 77434 |
| 4 | Period of Insurance / बीमा अवधि | 13/01/2025 से 12/01/2026 |
| 5 | Date of loss & Time / दुर्घटना का दिनांक & समय | 25/11/2025 4:00pm. |
| 6 | Place of Accident / दुर्घटना का स्थान | गणेश प्लाईवुड के पास |
| 7 | Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं | नीरज कुमार 7521927224 UP31 20130001038 |
| 8 | Estimated Loss / अनुमानित हानि | |
| 09. Cause of Accident / दुर्घटना का कारण : गणेश प्लाईवुड के पास सामने से दाईं ओर से आते वाले से जोरदार टक्कर मार दी जिससे मेरी गाड़ी बाईं ओर गिरकर क्षतिग्रस्त 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 |

अनीता देवी

Date / दिनांक : 25/11/2025
हस्ताक्षर

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. 252400/31/2025/77434

Tel. No.

Period of Insurance 13/01/2025 से 12/01/2026
 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 : ANEETA DEVI
 (b) Address for correspondence : R/O CHANDRABHANPUR, BHULANPUR, KHERI PS-NEEMGAON,
 (c) Telephone : 7206332146 LAKHIMPUR-KHERI

2. THE INSURED VEHICLE

| | | |
|---|--|---|
| Make & Year <u>HERO</u> <u>2025</u> | Engine No. <u>HJJ1ECRHJ09806</u> Chassis No. <u>MBLHAWJ42RHJ07845</u> | Registration No. <u>UP31CT</u> <u>7969</u> |
|---|--|---|

- (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
 1. Was a side-car attached
 2. Was a pillion rider carried N/A

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 : NEERAJ KUMAR
(b) Age : 2407-1994
(c) Address : VILL- CHANDANAPUR PS-BHULANPUR, THANA-
NEEMGRON, LAKHIMPUR-KHERI, 261501
(d) Is the Driver
1. Owner : No
2. paid driver? : No
3. Owner's relative or friend? : Son
(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 20130001038
(h) Issuing Authority : 06-01-2022
(i) Date of Expiry : 28-01-2033
(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 : 25/11/2025 4:00am.
(b) Place : गणेश प्लाईवुड के पास
(c) Speed of vehicle at the time of accident : 30-40
(d) Give a short description of the accident : गणेश प्लाईवुड के पास सामने से वाई मोर से आये वाले
(e) If any third party was responsible for this accident give the name and address : नेजारार चक्र, 4K, डी जिससे मेरी गाड़ी वाई ओर
प्रकार : कतिमस्त हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND RIGHT AND LEFT
(b) Estimated cost of repairs :
(c) When and where can the damaged vehicle be inspected : MOSARAM AUTO SALES, LRROAD
LAKHIMPUR-KHERI

7. THIRD PARTY INJURY/PROPERTY DAMAGE

- (a) Name :
(b) Address :
(c) Full Details of personal injury sustained : N/A
(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? :

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : NO
(b) If yes, give full details : 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. : _____

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 : _____

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 25/11/2009

Harinidhi
Signature of the insured _____

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. UP31CT7969 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 अनिल कुमार
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 of 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 ANEETA DEVI W/O. MISHRI LAL
CHANDRA BHANPUR, BHOLANPUR, KHERI, UP, 261501

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 25/11/2025

Place KHERI

ANEETA 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

Rep:01 ID: PCAR0928

Page No: 1

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)

Table with 2 columns: Policy Type, Policy No, Agent/Broker Code, Agent/Broker Name, Insured Name, Insured Address, Policy Issued On, Proposal No. & Date, Policy Period (OWN DAMAGE), Policy Period (LIABILITY), Lead/Breakin No, Insured State.

INSURED MOTOR VEHICLE DETAILS table with columns: Make, Model & Variant, Registration No, Year Of Manufacture, Engine-Chassis No, Cubic Capacity, Seating Capacity, Type Of Body, Type Of Fuel, RTO Location, Vehicle, Electrical Accessories, Non Electrical Accessories, Total IDV, IMT CONTRACT NO, Policy Type, Geographical Area.

Schedule Of Premium (Amount in Rs.)

Table with 2 main sections: OWN DAMAGE SECTION(A) and LIABILITY SECTION (B). Includes rows for Vehicle, Elec Accessories, Non-Elec Accessories, Basic Premium, Geographical Area Extn, Driving Tuition Loading, Sub-Total Additions, Deductibles, Voluntary Deductibles, Add-On Coverages, NIL Depreciation, Return to Invoice, Key Replacement, Consumables, Sub Total Add-on Coverages, Net own Damage Premium(A).

Table with 4 columns: Nominee Name, Age, Relation, Amount. Includes Payment Details: Payment Method, Cheque No./Transaction No., Bank Name, Amount. Financier Type: Financier Name, SHIRIRAM FINANCE LIMITED, Financier Branch, POS PAN NO/Aadhar No, POS ID, 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. Warranted that in case of dishonor 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. In witness whereof the undersigned being authorized by and on behalf of the company has/have herein to set his/their hands at 252400 on 13-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 (8) 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 person holding an effective learner's license may also drive vehicle & that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989. Limits of Liability Clause: Under section II-1 (i) 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 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/50% of NCB on OD premium. No Claim bonus will 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 this 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 : UNIV0252400 Approved On : 13-JAN-25 Place : MRT Printed On : 13-JAN-25



For and on behalf of The Oriental Insurance Company Limited

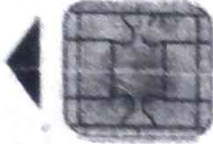
General Manager Authorized Signature



Indian Union Driving Licence
Issued by Uttar Pradesh

UP

UP31 20130001038



Issue Date: 06-01-2022
Validity (NT): 28-01-2033
Validity (TR): 05-01-2027



Holder's Signature

Name: **NEERAJ KUMAR**
Date of Birth: **24-07-1994** Blood Group: _____ Organ Donor: **N**
Son/Daughter/Wife of: **MISHRI LAL**

Address:
**VILL CHANDNAPUR POST BHULANPUR THANA
NEEMGAON LAKHIMPUR, KHERI 261501**

Date of First Issue (20-01-2013)

DL No: UP31 20130001038

UPDL000007266385



Invalid Carriage (Regn Numbers)^a

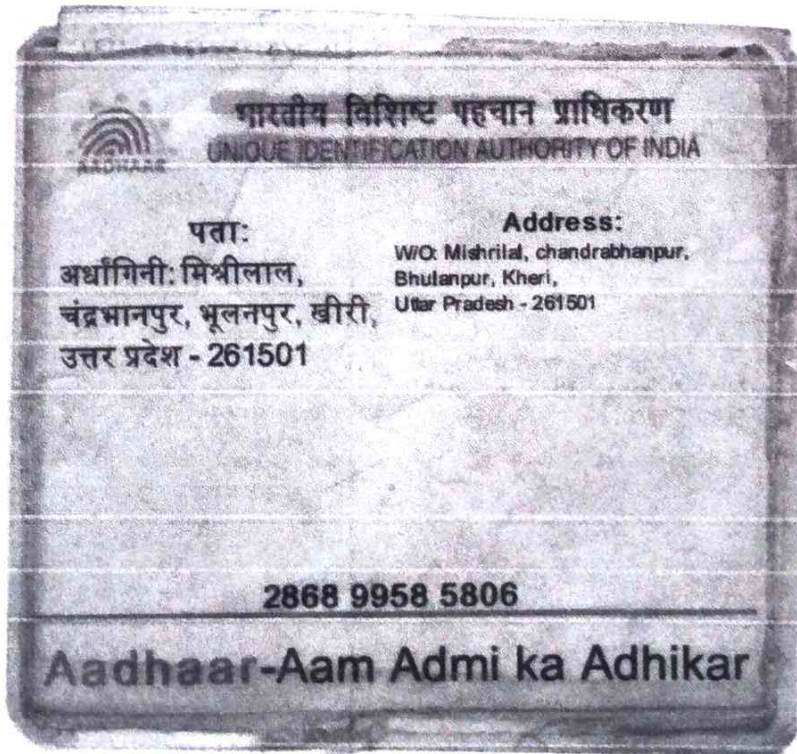
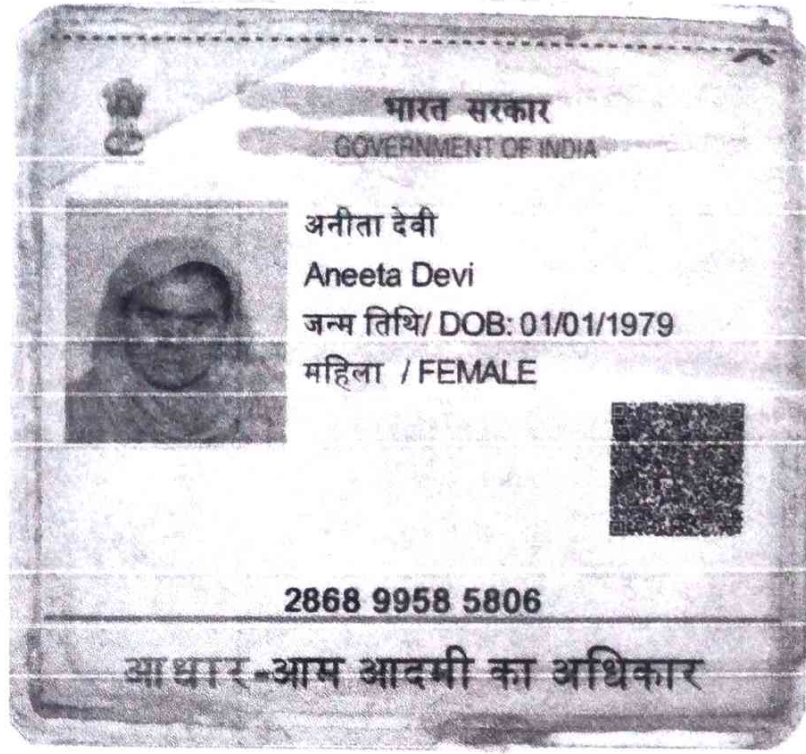
Hazardous Validity^a Hill Validity^a

| Class of Vehicle | Code | Issued By | Date of Issue | Vehicle Category | Badge Number ^a | Badge Issued Date ^a | Badge Issued By ^a |
|------------------|-------|-----------|---------------|------------------|---------------------------|--------------------------------|------------------------------|
| | MCWG | UP31 | 29-01-2013 | NT | | | |
| | LMV | UP31 | 29-01-2013 | NT | | | |
| | TRANS | UP31 | 09-09-2015 | TR | | | |
| MVSD | | | | | | | |
| | | | | | | | |

Emergency Contact Number

Licensing Authority
UP31 LAKHIMPUR KHERI

Form 7 Rule 16(2)



अनीता देवी

स्वशासी राज्य चिकित्सा महाविद्यालय

सम्बद्ध

जिला चिकित्सालय, लखीमपुर-खीरी



वाह्य रोगी टिकट

केवल 15 दिन के लिये मान्य

आयुष्मान लाभार्थी हैं नहीं कार्ड संख्या

पंजीकरण संख्या : 207968

दिनांक :

रोगी का नाम..... श्रीका शर्मा आयु..... 37 वर्ष

पिता/पति का नाम.....

पता..... रोगी निदान.....

विभाग/यूनिट का नाम..... डाक्टर का नाम..... कक्ष सं०.....

दिनांक

उपचार

आबादी का बढ़ता बोझ, साधन घटते जाते रोज

Rx

26 NOV 2025

401 LBA.

Acu

10 Acupuncture (100)

10 Physio (40)

10 Ch (100)

10 S. (100)

गर्भ में गर्दकार गर्दकी का पता करना और काबुजी है।

संयम से रहें, एड्स से बचें

नोट-कुत्ता काटे का इन्जेक्शन प्रत्येक सामुदायिक स्वास्थ्य केन्द्र पर उपलब्ध है। अतः अपने निकटतम सामुदायिक स्वास्थ्य केन्द्र पर ही कुत्ता काटे का इन्जेक्शन लगवायें।

1. आपका अपना शौचालय है या नहीं।
2. अपने निजी/व्यक्तिगत शौचालय का निर्माण कराकर उसका उपयोग करें।

U.P.G.S.S.