

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.

MOSARAM AUTO SALES

ESTIMATE

Estimate No.	10730-03-REST-1225-671	Date	11-12-2025
Customer Name	VIKAS KUMAR	Contact No.	9161858285
VIN	MBLHAW225RHB48387	Model	SPLENDOR +
Insurance Company		Reg No.	UP31CD4199
HMCGL Card No	1073024520000493	HMCGL Card Category	Gold

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	83410KWHHY0S -FR VISOR	87141090	Paid	937.29	1	9.00	9.00	0.00	0.00	0.00	0.00	1,106.00
2	33100AAE941S -LIGHT ASSEMBLY HEAD LAMP	85122010	Paid	2,542.37	1	9.00	9.00	0.00	0.00	0.00	0.00	3,000.00
3	33400KCC710S -WINKER ASSY R FR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
4	3360AKCC830S -WINKER ASSY.R RR.(W/O BUL)	85122010	Paid	161.02	1	9.00	9.00	0.00	0.00	0.00	0.00	190.00
5	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
6	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
7	17500AAEH00ZBS -FUEL TANK-BLACK (NH-1 (TYPE-2))	87141090	Paid	5,000.00	1	9.00	9.00	0.00	0.00	0.00	0.00	5,900.00
8	53175KCC840S -LEVER R STRG. HANDLE	87141090	Paid	75.42	1	9.00	9.00	0.00	0.00	0.00	0.00	89.00
9	K50506KCCA900RS -KIT STEP	87141090	Paid	190.68	1	9.00	9.00	0.00	0.00	0.00	0.00	225.00
10	3365AKCC830S -WINKER ASSY.L RR.(W/O BUL)	85122010	Paid	161.02	1	9.00	9.00	0.00	0.00	0.00	0.00	190.00
11	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
12	53200AAE200S -STEM COMP STRG	87141090	Paid	738.14	1	9.00	9.00	0.00	0.00	0.00	0.00	871.00
13	61000AAE200RS -FRONT FENDER NH-1	87141090	Paid	1,132.20	1	9.00	9.00	0.00	0.00	0.00	0.00	1,336.00
14	88110AAFH31ZAS -MIRROR ASSEMBLY RIGHT BACK NH-1 TYPE-1	70091090	Paid	190.68	1	9.00	9.00	0.00	0.00	0.00	0.00	225.00
15	18355AAE300S -COVER MUFFLER	87141090	Paid	401.69	1	9.00	9.00	0.00	0.00	0.00	0.00	474.00
16	18350ACK000S -MUFFLER COMP., EXH.	87141090	Paid	7,850.85	1	9.00	9.00	0.00	0.00	0.00	0.00	9,264.00
Parts Total											0.00	26,292.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR +	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	26,292.00
Labour Total	2,000.10
SGST (Parts) 9%	2,005.32

SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
Total	28,292.10

Rupees in Words: Twenty Eight Thousand Two Hundred Ninety Two and paise Ten
Only

Authorised Signatory

10730 - Main W/S

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 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.	Vikas Kumar 9161858285
2	Vehicle No. / वाहन संख्या	UP31CD4199
3	Policy No. / पालिसी संख्या	MS12225/7001/046575/405848
4	Period of Insurance / बीमा अवधि	15/02/2025 से 14/02/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	09/12/2025 और समय- 5:00PM
6	Place of Accident / दुर्घटना का स्थान	आधारपुर के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Balram Verma 9161858285 UP3120010265057
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	दसरापुर से लखीमपुर आ रहे थे तभी अचानक आधारपुर के पास सामने ट्रैक्टर ओर से बाइक वाले ने तक्कर मार दी जिससे मेरी गाड़ी बारी ओर गिरकर हतिग्रस्त 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 KHARI, 9151154036

विकास कुमार

Date / दिनांक : 10/12/2025
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. MS/2025/7001/0/AGS75/4058
48

Tel. No.

Period of Insurance 15/02/25 to 14/02/26
 Claim No. _____

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

I. INSURED

- (a) Name : Vikas Kumar
 (b) Address for correspondence : R/O: KORAIYA GANGAL, PO-DEOKAJI, KHERI, P-SHARDHAN
 (c) Telephone : 9140363909, 9161858285

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2024</u>	Engine No. <u>HAJJE7RNB49862</u> Chassis No. <u>MBLHAW225RNB48387</u>	Registration No. <u>UP31CD</u> <u>4199</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?
 (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 trailer attached? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____

N/A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Balsram Verma
 (b) Age : 29/01/1968
 (c) Address : VILL: KAURAIYA Jungle PO - Devkali, P.S - Phardhan LMP
 (d) Is the Driver
 1. Owner : No
 2. paid driver? : No
 3. Owner's relative or friend? : Father
 (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 2001 0265057
 (h) Issuing Authority : 1710412023
 (i) Date of Expiry : 16/04/2028
 (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 : 09/12/2025 5:00PM
 (b) Place : आधारपुर के पास
 (c) Speed of vehicle at the time of accident : 30-40
 (d) Give a short description of the accident : आधारपुर के पास सामने से बायीं ओर से बाइक वाले ने टक्कर
 (e) If any third party was responsible for this accident give the name and address : मार दी जिससे मेरी गाड़ी बायीं ओर गिरकर सतिप्रस्त हो गई।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT / RIGHT / LEFT
 (b) Estimated cost of repairs : _____
 (c) When and where can the damaged vehicle be inspected : MOSARAM AUTO SALES LRP ROAD LAKHIMPUR KHERT 915154-36

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 19/12 2025

Signature of the insured विकास कुमार

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. UP31CD4199 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 ... विकास 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 Vikas Kumar S/O: Babram
Verma R/O: Kosiya Gangal, Kheri
Uttar Pradesh

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 10/12/2025

Place Kheri

विक्रम कुमार
Signature of the declarant


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

- Ration Card
- Passport
- Driving License
- Identity Card issued by any institution
- Copy of Electricity bill or Telephone bill showing residential address.
- Any document of communication issued by authority of Central Government or local bodies showing residential address.
- 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.

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2025/7001/O/46575/405848					
Motorsathi Care Private Limited B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) India Contact us at Phone: +91 79410 50643 Email: info@motorsathi.com Visit the help section of www.motorsathi.com					
Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model
VIKAS KUMAR	1999-04-10	9140363909	S/O SRI BALRAM	Hero Motocorp	SPLENDOR PLUS
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity Vehicle Type
DRUM SELF E20	UP31CD4199	HA11E7RHB49862	MBLHAW225RHB48387	2024	100 TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV
58000.00	NA	0.00	0.00	0.00	58000.00
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)
	Solo		---	2	1769.50
Address			City / District	Pin Code	State
R/O KORAIYA GANGAL., PO: DEOKALI, KHERI, PS- PHARDHAN, Kheri, Uttar Pradesh, 262701				262701	Uttar Pradesh
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date
BALRAM VERMA	Male	55 Years	FATHER	2025-02-15 18:10	Midnight of 2026-02-14
Section A, VRC: 776.44 TCR: 273.76 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (5%): 55.46 Total with GST(A) 994.74					
Section B, EC: 0.00 EC Service: 0.00 ECPD: 0.00 Sub Total: 0.00 TAC: 0.00 ENC: 0.00 EDC: 0.00 MCPD: 0.00 Total(B): 0.00 GST (CGST @9% + SGST @9%) (B): 0.00 Total with GST(B): 0.00					
Section C, MS Services(O): 374.58 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @9% + SGST @9%): 67.42 Total MS Services with GST(C): 442.00					
Section D, Drive Assure: 282.00 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 50.76 Total with GST(D): 332.76					
Total(Section A+B+C+D) Offered Price After Discount: 1770					
Package Period Covered	2025-02-15 To 2026-02-14	2026-02-15 To 2027-02-14	2027-02-15 To 2028-02-14	2028-02-15 To 2029-02-14	2029-02-15 To 2030-02-14
ADV	58000	NIL	NIL	NIL	NIL
MS Services Period Covered (NODL)	1 Year	NIL	NIL	NIL	NIL
*THE VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2029-02-14 (DETAILS ARE AS PROVIDED BY THE CUSTOMER).					
LIMITATIONS AS TO USE: This package covers use of the vehicle for any purpose other than: a) Hire or Reward b) Carriage of goods (other than samples or personal luggage) c) Organized Racing d) Pace Making e) Speed Testing f) Reliability Trials g) Any purpose in connection with Motor Trade.					
DRIVER: Any person including covered individual: 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 Learners License may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicle Rules, 1989.					
LIMIT OF ACCOUNTABILITY: Limit of the amount of the Company's accountability in respect of any one request or series of requests arising out of one event: Up to Rs - 100000/ Note: The amount mentioned is estimated breakup. Actual Costs and Terms & Conditions are in package document which can be downloaded only via authorized portal www.motorsathi.com or MotorSathi App.					
DISCLAIMER: The package stands cancelled or void in the event of Cheque Dishonored. The company may cancel the package by sending 7 days' notice in case of fraud, misrepresentation, nondisclosure of material fact or non-co-operation of the coverage.					
ANTI MONEY LAUNDERING CLAUSE: In the event of a request under the package exceeding Rs 1lakh or a request for refund of payment exceeding Rs 1 lakh, the accountability will comply with the provisions of AML package of the company. The AML package is available in all our operating offices as well as Company website.					
TO REGISTER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care / Toll Free Phone No.: 7941050643 email id: info@motorsathi.com					
	IMPORTANT NOTICE: The coverage 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. All disputes arising out of or in connection with this agreement shall be subject to the exclusive jurisdiction of the courts at Aligarh.				

#: Received with Thanks Rs 1769.5 ON 2025-02-13 from Mr./Ms. VIKAS KUMAR against the ARN No. INCP00405848

The acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions* (Please turn overleaf for details) Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 18

Customer Service Address: B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, 202001, India



GOVERNMENT OF UTTAR PRADESH

Transport Department LAKHIMPUR KHERI

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP31CD4199 Registration Date : 20-Feb-2024
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 : VIKAS KUMAR Son/wife/daughter of : S/O SRI BALRAM
Full Address. (Permanent) : R/O KORAIYA GANGAL,, PO: DEOKALI, KHERI, PS- PHARDHAN, KHERI, UTTAR PRADESH-262701
Full Address: (Temporary) : R/O KORAIYA GANGAL,, PO: DEOKALI, KHERI, PS- PHARDHAN, KHERI-UTTAR PRADESH-262701

Fitness Up To : 19-Feb-2039 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 : AA1031518770 Rear HSRP No : AA2091318755
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 02/2024
No of Cylinders : 1 Chassis No : MBLHAW225RHB48387
Engine No : HA11E7RHB49862 Fuel : PETROL
Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ BLK STRIPE I3 Wheel base : 1236
S (DRS)
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 111
Colour : BLACK AND ACCENT Laden/GV Wt (kgs) : 241
Other Criteria : AC Fitted : NO
Vehicle Purchase As : Fully Built

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

Table with 3 columns: By Manuf., As Regd., Weight(in kgs). Rows include a) Front, b) Rear, c) Other, d) Tandem. Below table: The motor vehicle above described is subject to Hypothecation in favour of w.e.f.
Purchase dt : 15-Feb-2024 Sale Amt : 76426/-
OTT Date : 15-Feb-2024 Amount/Rcpt No : 7643 / UP31D24020002716
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 21-Mar-2024
Other State/Transfer/Conversion/Reassign Details
Previous Owner : Previous RegNo :
Old State : Entry Date :
Transfer Date : Conversion Date :
This certificate is valid from 20-Feb-2024 to 19-Feb-2039

Date . 30-Mar-2024 10:43:05

Taxation Particulars / Advance Registration Mark Fee Details

पजीसन अधिकारी
मोटर वाहन विभाग
लखीमपुर-खीरी
Signature of Registering Authority
Date : 30-Mar-2024

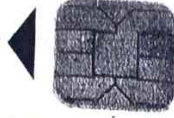
P 7453480



Indian Union Driving Licence
Issued by Uttar Pradesh

UP

UP31 20010265057



Issue Date 17-04-2023
Validity (NT) 16-04-2028

Validity (TR)*



Holder's Signature

(16-06-2001)

Date of First Issue

Name: **BALRAM VERMA**
Date of Birth: **09-01-1968** Blood Group:
Son/Daughter/Wife of: **MOOL CHAND VERMA**
Address:
**VILL KAURAIYA JUNGLE POST DEVKALI
PS-PHARDHAN LAKHIMPUR, LAKHIMPUR KHERI
262701**

Organ Donor: **N**

DL No: **UP31 20010265057**

UPDL 000010212355



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	MCWG	UP31	16-06-2001	NT			
LMV	LMV	UP31	16-06-2001	NT			
MVSD							

Form 7 (Rule 16(2))


Emergency Contact Number

Licensing Authority
UP31 LAKHIMPUR KHERI

भारत सरकार
Government of India

आधार

Issue Date: 28/11/2014



विकास कुमार
Vikas Kumar
जन्म तिथि/DOB: 10/04/1999
पुरुष/ MALE

5949 4707 4462
VID : 9195 6104 5569 6268

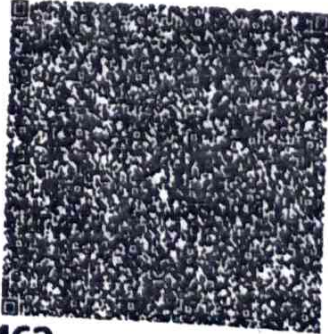
मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
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