

**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-1225-674	Date	11-12-2025
Customer Name	ANKIT KUMAR	Contact No.	9670015168
VIN	MBLHAW127MHG23144	Model	SPLENDOR +
Insurance Company		Reg No.	UP31BS1104
HMCGL Card No	1073024810002716	HMCGL Card Category	Diamond

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	83402AAE710S -PANEL INNER	87141090	Paid	236.44	1	9.00	9.00	0.00	0.00	0.00	0.00	279.00
3	33450KCC710S -WINKER ASSY L FR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
4	33650KCC710S -WINKER ASSY L RR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
5	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
6	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
7	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
8	24701AAE300S -PEDAL GEAR CHANGE	87141090	Paid	151.69	1	9.00	9.00	0.00	0.00	0.00	0.00	179.00
<b>Parts Total</b>											0.00	<b>4,422.00</b>

**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	
<b>Jobs Total</b>											0.00	<b>2,000.10</b>

<b>Parts Total</b>	<b>4,422.00</b>
<b>Labour Total</b>	<b>2,000.10</b>
<b>SGST (Parts) 9%</b>	<b>337.27</b>
<b>CGST (Parts) 9%</b>	<b>337.27</b>
<b>SGST (Labour) 9%</b>	<b>152.55</b>
<b>CGST (Labour) 9%</b>	<b>152.55</b>
<b>Total</b>	<b>6,422.10</b>

Rupees in Words: Six Thousand Four Hundred Twenty 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 इश्योरेस कंपनी लिमिटेड  
Meerut

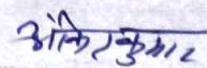
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

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.	Ankit kumar 9670015168
2	Vehicle No. / वाहन संख्या	UP31B51104
3	Policy No. / पालिसी संख्या	MS/2025/7001/0146575/457873
4	Period of Insurance / बीमा अवधि	30/07/2025 से 29/07/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	08/12/2025, 8:30 AM
6	Place of Accident / दुर्घटना का स्थान	हीरो बिसा की चक्की के पास
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Ankit kumar 9670045168 UP3120200006451
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	घर ले पिपरअवा का रहे से लम्बी अचानक हीरो बिसा की चक्की के पास लम्बे से अचानक कुला आ गमा विलसे मुझे ब्रेक लगाना विलसे मेरी गाड़ी डिलबैलेंत होकर बायीं ओर गिरकर त्रिभुज 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.	MASARAM AUTO SALES LRROAD WAKHAMPUR KHERI, 9151154036

Date / दिनांक : 09/12/2025  
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/2025/700/0/46575/45783

Tel. No.

Period of Insurance 30/07/2025 to 29/07/2026  
 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 : Ankit Kumar  
 (b) Address for correspondence : VILL: USARI PIPRA JHALA, PO-SANDEIWA, PS-METAUKI,  
 (c) Telephone : 9670015168

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2021</u>	Engine No. <u>HA11EDMHG51083</u> Chassis No. <u>MBLHAW127MHG23144</u>	Registration No. <u>UP31BS</u> <u>1104</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 : Ankit kumar  
 (b) Age : 06/05/1993  
 (c) Address : VILL/PO- PIPRA JHALA P.S/TAHSEL-MITAUTI LAKHIMPUR  
 (d) Is the Driver  
 1. Owner : Yes  
 2. paid driver? : No  
 3. Owner's relative or friend? : No  
 (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 : UP31202000064S1  
 (h) Issuing Authority : 29/06/2020  
 (i) Date of Expiry : 05/05/2033  
 (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 : FRONT AND LEFT  
 (b) Place : होर बिहा की चक्की के पास  
 (c) Speed of vehicle at the time of accident : 30-40  
 (d) Give a short description of the accident : होर बिहा की चक्की के पास लामने ले अचानक रुका आगया  
 (e) If any third party was responsible for this accident give the name and address : भितर मुझे ब्रेक लगाना थितर भरी जाडी डिब्रुने ले होकर बाया ओर भितरक होरवतत होगइ

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND LEFT  
 (b) Estimated cost of repairs :  
 (c) When and where can the damaged vehicle be inspected : MOSARAM AUTO SALES LRP ROAD  
 LAKHIMPUR BHERT 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 : N/A  
 (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 : \_\_\_\_\_

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 09/12 2005

Signature of the insured [Signature]

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. UP 31B 5110 4 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 [Handwritten Signature]  
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 Ankit Kumar S/O: Shiv Kumar  
Kal R/O: USARI PIPRA JHALA, PO-SANDIWA,  
PS-MITABLI, KHARI, UTTAR PRADESH - 262727

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 09/12/2025

Place KHARI

Ankit Kumar  
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 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.

## Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2025-7001/O-46575-457873

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	
ANKIT KUMAR	1993-05-06	9670015168	SRI SHIV KARAN LAL	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
13S SELF DRUM	UP31BS1104	HA11EDMHG51083	MBLHAW127MHG23144	2021-08-10	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
37000.00	NA	0.00	0.00	0.00	37000.00	
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	1879.40	
Address			City / District	Pin Code	State	
VILL-USARI PIPRA JHALA, PO-SANDILWA, PS-MITAUULI, Kheri, Uttar Pradesh, 262727				262727	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
MANOJ KUMAR	Male	35 Years	BROTHER	2025-07-30 17:04	Midnight of 2026-07-29	

Section A, VRC: 631.53 TCR: 480.26 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (20%): 141.52 Total with GST(A) 970.27

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: 395.87 AHDC, DOC & Additional External Tyre Cover(AFTC): Personal Accident Cover for Pillion Riders Alloy wheel Cover Other Discount: 0.00 GST (CGST @9% + SGST @9%): 71.26 Total with GST(D): 467.13

Total(Section A+B+C+D) Offered Price After Discount: 1879

Package Period Covered	2025-07-30 To 2026-07-29	2026-07-30 To 2027-07-29	2027-07-30 To 2028-07-29	2028-07-30 To 2029-07-29	2029-07-30 To 2030-07-29
ADV	37000	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 2026-07-29 (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 Companys 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 shall 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 1879.4 ON 2025-07-24 from Mr./Ms. ANKIT KUMAR against the ARN No. INCP00457873  
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 : UP31BS1104      Registration Date : 10-Aug-2021  
 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, ...  
 Owner Name : ANKIT KUMAR      Son/wife/daughter of : SRI SHIV KARAN LAL  
 Full Address: (Permanent) : VILL-USARI PIPRA JHALA, PO-SANDILWA, PS-MITAU LI, KHERI, UTTAR PRADESH-262727  
 Full Address: (Temporary) : VILL-USARI PIPRA JHALA, PO-SANDILWA, PS-MITAU LI, KHERI-UTTAR PRADESH-262727  
 Fitness UpTo : 09-Aug-2036      Tax UpTo : One Time  
 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 : AA2040641593      Rear HSRP No : AA2039922500  
 Type of Body : SOLO WITH PILLION      Month/Year of Manuf. : 07/2021  
 No of Cylinders : 1      Chassis No : MBLHAW127MHG23144  
 Engine No : HA11EDMHG51083      Fuel : PETROL  
 Horse Power(BHP) : 7.91      Cubic Capacity : 97.20  
 Maker's Classification : SPLENDOR +(13S-SELF-DRU M-CAST)      Wheel base : 1236  
 Seating Cap(in all) : 2      Standing Cap : 0  
 Sleepar Cap : 0      Unladen Wt (kgs) : 112  
 Colour : MAT SHEILD GOLD      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 : 30-Jul-2021      Sale Amt : 67050/-  
 OTT Date : 30-Jul-2021      Amount/Rcpt No : 6705 / UP31D21080000014  
 TaxUpTo : One Time      Vehicle is Govt./ Pvt. : PRIVATE  
 Tax Exempted or Not : NOT EXEMPTED      Date of Approval : 10-Aug-2021

### Other State/Transfer/Conversion Details

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

This certificate is valid from 10-Aug-2021 to 09-Aug-2036

Date : 25-Aug-2021 10:58:17

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

मोटर वाहन विभाग  
 लखीमपुर-खीरी  
 Date: 25-Aug-2021

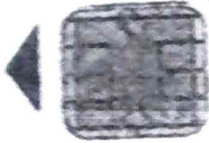
M 3839751



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



**UP31 20200006451**



Issue Date  
29-06-2020

Validity (NT)  
05-06-2023

Validity (TR)\*  
\_\_\_\_\_



(29-06-2020)

Holder's Signature

Name:

**ANKIT KUMAR**

Date of Birth:

**06-05-1993**

Blood Group:

Organ Donor:

**N**

Son/Daughter/Wife of:

**SHIV KARAN LAL**

Address:

**VILL POST PIPRAHALA PS AND TAHSIL  
MITAULI Lakhimpur, Jhansi, UP 262727**

Date of First Issue

DL No: **UP31 20200006451**

UPDL000003058108



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*
Car	MCPS	UP31	29-06-2020	NT			
Car	LMV	UP31	29-06-2020	NT			
MVSD							

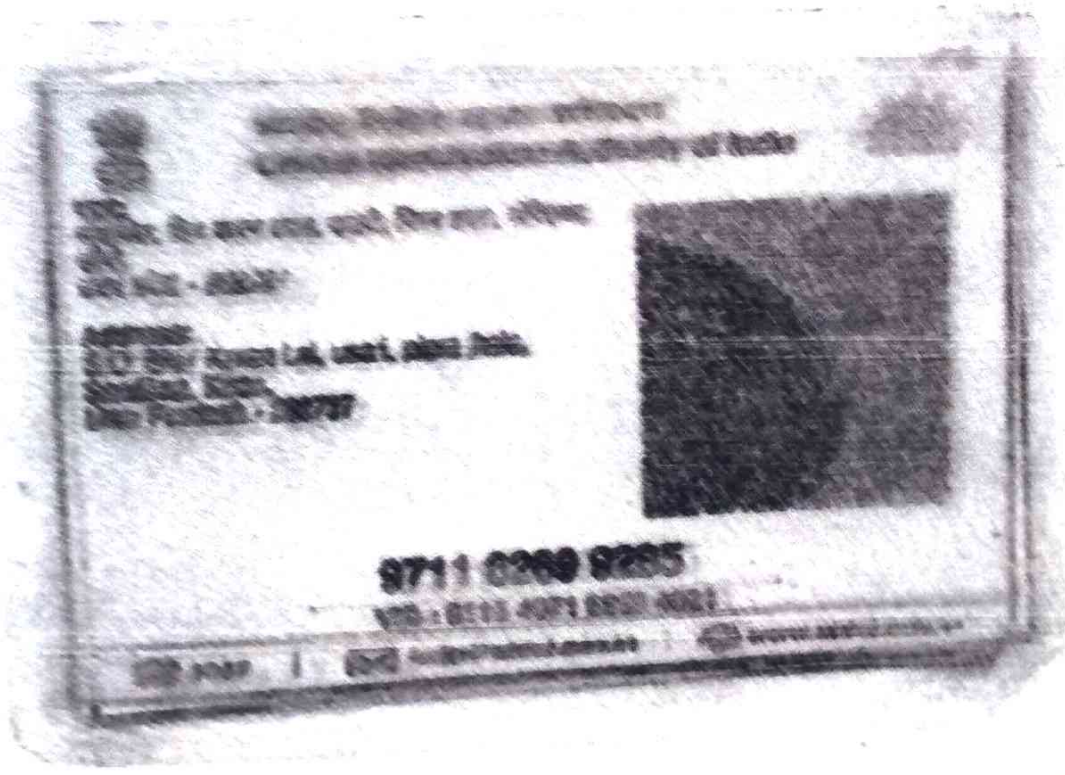
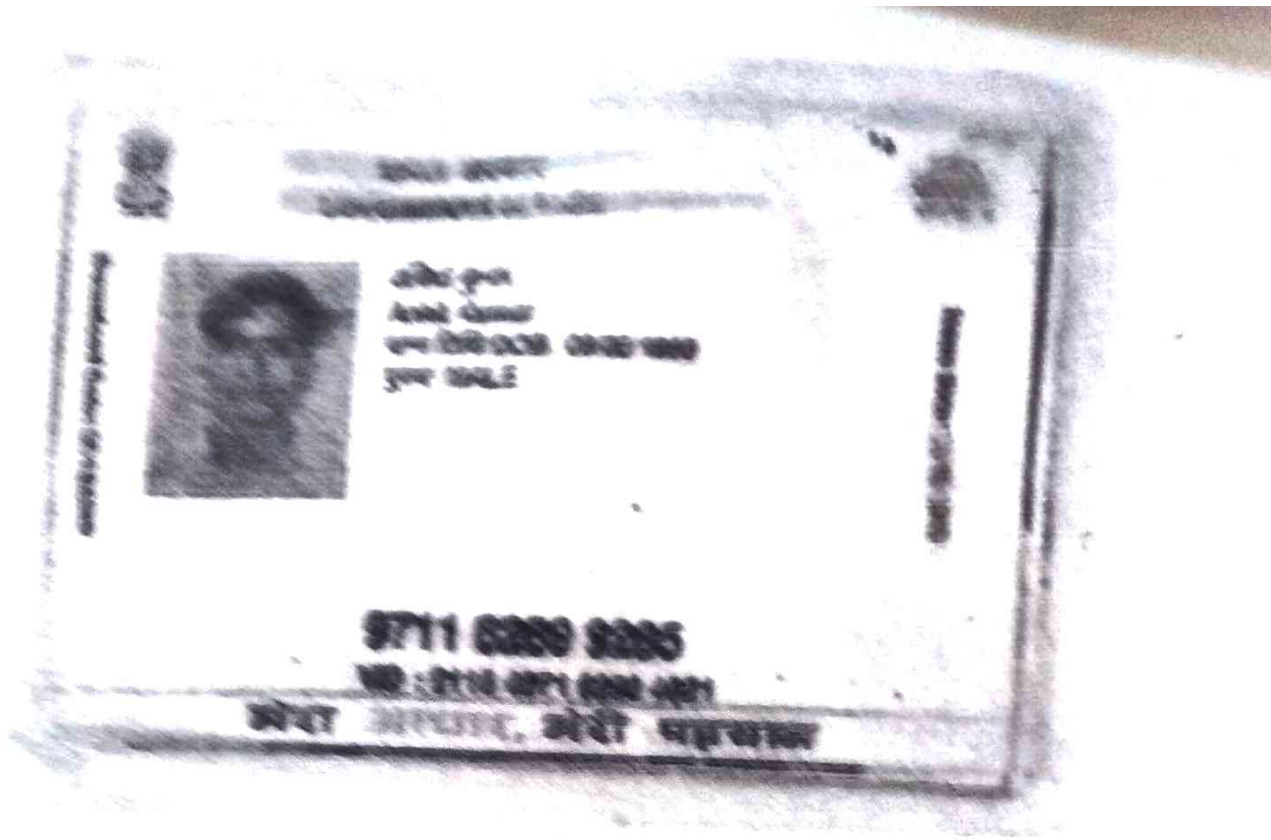
Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority  
UP31 LAKHIMPUR

*अंकित कुमार*

*आतक 9670015160*



31/05/2016