

**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

LAKHIMPUR KHERI, LAKHIMPUR, KHERI, 262701, UP, INDIA  
 Contact: 7800009643, 7408404715, 7408404714, 7800009644  
 GSTIN No: 09AAJFM3951B1ZD  
 Authorized Dealer: Hero MotoCorp Ltd.

**ESTIMATE**

Estimate No. 10730-03-REST-1225-696  
 Customer Name RASHID ALI .....  
 VIN MBLJAW405PGH03743  
 Insurance Company  
 HMCGL Card No 1073023870002352  
 Part Details

Date 17-12-2025  
 Contact No. 6006885700  
 Model SUPER SPLENDOR XTEC  
 Reg.No. UP31CB6343  
 HMCGL Card Category Platinum

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	61300ADG000US -COWL FRONT BL(BR)-021M(F)	87141090	Paid	702.54	1	9.00	9.00	0.00	0.00	0.00	0.00	829.00
2	6410AADG010S -SCREEN WIND SUB ASSEMBLY	87141090	Paid	304.24	1	9.00	9.00	0.00	0.00	0.00	0.00	359.00
3	61303ADG000S -FRONT COWL CHROME	87141090	Paid	148.31	1	9.00	9.00	0.00	0.00	0.00	0.00	175.00
4	33100ADG001S -LIGHT ASSEMBLY HEAD	85122010	Paid	2,974.58	1	9.00	9.00	0.00	0.00	0.00	0.00	3,510.00
5	61101AAGA00BS -FENDER FRONT (BL(BR)-013M(G))	87141090	Paid	1,030.51	1	9.00	9.00	0.00	0.00	0.00	0.00	1,216.00
6	50803AANB00S -GUARD ENGINE RH	87141090	Paid	120.34	1	9.00	9.00	0.00	0.00	0.00	0.00	142.00
7	50804AANB00S -GUARD ENGINE LH	87141090	Paid	100.85	1	9.00	9.00	0.00	0.00	0.00	0.00	119.00
8	53100AAGA00S -PIPE STRG HANDLE	87141090	Paid	429.66	1	9.00	9.00	0.00	0.00	0.00	0.00	507.00
9	51500AANE00S -FORK ASSY L FRONT	87141090	Paid	1,850.00	1	9.00	9.00	0.00	0.00	0.00	0.00	2,183.00
10	51400AANB10S -FORK ASSY R FRONT	87141090	Paid	1,963.56	1	9.00	9.00	0.00	0.00	0.00	0.00	2,317.00
11	3345BAAF401S -WINKER ASSY L FR	85122010	Paid	93.22	1	9.00	9.00	0.00	0.00	0.00	0.00	110.00
12	53178AAFH00S -LEVER COMP.L STRG.HNDL.	87141090	Paid	71.19	1	9.00	9.00	0.00	0.00	0.00	0.00	84.00
13	88120AANH01S -MIRROR ASSEMBLY LEFT BACK	70091090	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
14	51104AAGA00S -STEP PILLION WOMEN	87141090	Paid	120.34	1	9.00	9.00	0.00	0.00	0.00	0.00	142.00
<b>Parts Total</b>											0.00	11,913.00

**Labour Details**

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SUPER SPLENDOR XTEC	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	2,000.10

Parts Total	11,913.00
Labour Total	2,000.10
SGST (Parts) 9%	908.62
CGST (Parts) 9%	908.62
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
<b>Total</b>	<b>13,913.10</b>

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.	Rashid Ali 6006885700
2	Vehicle No. / वाहन संख्या	UP31CB6343
3	Policy No. / पालिसी संख्या	MS/2025/700/0/46575/411707
4	Period of Insurance / बीमा अवधि	28/02/2025 से 27/02/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	13/12/2025, 11:00 AM
6	Place of Accident / दुर्घटना का स्थान	रासियाँ बस के पास
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Sajid Ali, UP3120200005491 6006885700
8	Estimated Loss / अनुमानित हानि	
09. Cause of Accident / दुर्घटना का कारण : मेहवागंज से मोहम्मदी पार रहे थे तभी अचानक रासियाँ बस के पास सामने से वाइक से टक्कर हो गई बिससे मेरी गाड़ी बायीं ओर गिरकर हाईवे पर 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 KHERT, 9151154036

रासिद अली

Date / दिनांक : 16/12/2025  
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/2025/7001/0/46575/411707

Tel. No.

Period of Insurance 28/02/2025 to 27/02/2026  
 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 : Raghad Adi  
 (b) Address for correspondence R/O : Balydeeh, PO - Mahewanganj, Kheri, Uttar Pradesh  
 (c) Telephone : 6006885700

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2023</u>	Engine No. <u>JA07AMP6H04934</u> Chassis No. <u>MBLJAW405PHH03743</u>	Registration No. <u>UP31 CB</u> <u>6343</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 : Sajid Ali
- (b) Age : 01/01/1995
- (c) Address : VILL/PO - Bel Thana - Faridkot Bahkimpur Khari
- (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 20200005491
- (h) Issuing Authority : 16/06/2020
- (i) Date of Expiry : 31/12/2031
- (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 : 13/12/2025 11:00AM
- (b) Place : रतसिमा ह्यूज के पास
- (c) Speed of vehicle at the time of accident : 30-40
- (d) Give a short description of the accident : रतसिमा ह्यूज के पास साइबे से बाइक से टक्कर से गड़ मितसे
- (e) If any third party was responsible for this accident give the name and address : मेरी गाड़ी बायीं ओर गिरकर हलियुवल्स हो गई।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND LEFT
- (b) Estimated cost of repairs : MOSARAM AUTO SALES LRP ROAD
- (c) When and where can the damaged vehicle be inspected : BAKHIMPUR KHARI 915154036

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? : \_\_\_\_\_ **N/A**
- (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? \_\_\_\_\_ **N/A**
- (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 16/12 2025

Signature of the insured रासिध उली

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. UP31CB6343 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 राशिद अली  
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 Rashid Ali, C/O: Sakin Ali  
R/O/Gram: Baladech, PO - Mahewaganj, Kheri  
Uttar Pradesh - 261506

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

Date 16/12/2025

Place Kheri

रशिद अली  
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/46575/411707

**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](http://www.motorsathi.com)

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
RASHID ALI	1995-01-01	6006885700	S/O SRI SAKIR ALI	Hero Motocorp	SUPER SPLENDOR	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
DRUM SELF CAST BLA	UP31CB6343	JA07AMPGH04934	MBLJAW405PGH03743	2023	125	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
62500.00	NA	0.00	0.00	0.00	62500.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
	Solo	BARODA U.P. BANK	---	2	1932.27	
Address			City / District	Pin Code	State	
R/O BALUDEEH, POST-MAHEWAGANJ, PS-KOTWALI, Kheri, Uttar Pradesh, 261506				261506	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
NAJMA	Female	23 Years	WIFE	2025-02-28 15:26	Midnight of 2026-02-27	

Section A, VRC: 836.69 TCR: 295.00 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 **Total with GST(A)** 1131.69

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: 303.88 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 **GST (CGST @9% + SGST @9%):** 54.70 **Total with GST(D):** 358.58

**Total(Section A+B+C+D) Offered Price After Discount:** 1932

Package Period Covered	2025-02-28 To 2026-02-27	2026-02-28 To 2027-02-27	2027-02-28 To 2028-02-27	2028-02-28 To 2029-02-27	2029-02-28 To 2030-02-27
ADV	62500	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 2028-09-18 (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 - 1000000 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](http://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](http://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 Cheque Rs 1932.27 ON 2025-02-28 from Mr./Ms. RASHID ALI against the ARN No. INCP00411707  
The above payment is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions\*  
(Please refer coverleaf 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

प्राप्त की गयी  
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GOVERNMENT OF UTTAR PRADESH

Transport Department LAKHIMPUR KHERI

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP31CB6343 Registration Date : 20-Sep-2023  
 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 : RASHID ALI Son/wife/daughter of : S/O SRI SAKIR ALI  
 Full Address: (Permanent) : R/O BALUDEEH, POST-MAHEWAGANJ, PS-KOTWALI, KHERI, UTTAR PRADESH-261506  
 Full Address: (Temporary) : R/O BALUDEEH, POST-MAHEWAGANJ, PS-KOTWALI, KHERI-UTTAR PRADESH-261506  
 Fitness Up To : 19-Sep-2038 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 Rear HSRP No : AA2080467832  
 Front HSRP No : AA2080297846 Month/Year of Manuf. : 08/2023  
 Type of Body : SOLO WITH PILLION Chassis No : MBLJAW405PGH03743  
 No of Cylinders : 1 Fuel : PETROL  
 Engine No : JA07AMPGH04934 Cubic Capacity : 124.70  
 Horse Power(BHP) : 10.72 Wheel base : 1267  
 Maker's Classification : SUPER SPLENDOR XTEC D  
 R  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleepar Cap : 0 Unladen Wt (kgs) : 122  
 Colour : BLACK Laden/GV Wt (kgs) : 252  
 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. 19-Sep-2023.

Purchase dt : 19-Sep-2023 Sale Amt : 83828/-  
 GTT Date : 19-Sep-2023 Amount/Rcpt No : 8383 / UP31D23090001446  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 21-Sep-2023

Other State/Transfer/Conversion Details

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

This certificate is valid from 20-Sep-2023 to 19-Sep-2038

Date : 30-Sep-2023 10:49:29

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 30-Sep-2023

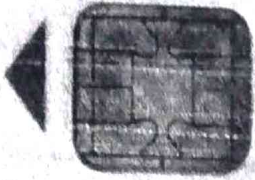
P 4636556



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



**UP31 20200005491**



Issue Date: 16-06-2020    Validity (NT): 31-12-2034    Validity (TR)\*: \_\_\_\_\_



Holder's Signature

Date of First Issue: (16-06-2020)

Name: **SAJID ALI**

Date of Birth: 01-01-1995    Blood Group: \_\_\_\_\_

Organ Donor: **N**

Son/Daughter/Wife of: **SAKIR ALI**

Address:  
**VILL POST BEL THANA FARDAHAN  
Lakhimpur, Kheri, UP 261501**

**DL No: UP31 20200005491**

UPDL000002945301



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	16-06-2020	MT			
LMT	LMT	UP31	16-06-2020	MT			
MVSD							

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority  
**UP31 LAKHIMPUR KHERI**

