

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-1225-700	Date	18-12-2025
Customer Name	GENDU RAJ	Contact No.	8736879992
VIN	MBLHAW400RHM16299	Model	SPLENDOR+ XTEC 2.0
Insurance Company		Reg No.	UP31CJ6341
HMCGL Card No	1073024880005085	HMCGL Card Category	Gold

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	83410AAE930DS -VISOR FRONT NH-1	87141090	Paid	831.36	1	9.00	9.00	0.00	0.00	0.00	0.00	981.00
2	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
3	3345BAAE941S -WINKER ASSEMBLY LEFT FRONT	85122010	Paid	135.59	1	9.00	9.00	0.00	0.00	0.00	0.00	160.00
4	88120AAE930ES -MIRROR ASSEMBLY LEFT BACK RD-021M	70091090	Paid	203.39	1	9.00	9.00	0.00	0.00	0.00	0.00	240.00
5	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
6	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
7	17520AAE930DS -FUEL TANK NH-1	87141090	Paid	3,905.93	1	9.00	9.00	0.00	0.00	0.00	0.00	4,609.00
8	51104AAEH00S -STEP PILLION	87141090	Paid	112.71	1	9.00	9.00	0.00	0.00	0.00	0.00	133.00
9	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
Parts Total											0.00	10,285.00

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR+ XTEC 2.0	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	10,285.00
Labour Total	2,000.10
SGST (Parts) 9%	784.45
CGST (Parts) 9%	784.45
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
Total	12,285.10

Rupees in Words: Twelve Thousand Two Hundred Eighty Five 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.
- 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.	GENOU RAI, 8858586909
2	Vehicle No. / वाहन संख्या	UP31CJ6341
3	Policy No. / पालिसी संख्या	252400/31/2025/74995
4	Period of Insurance / बीमा अवधि	01/01/2025 से 31/12/2025
5	Date of loss & Time / दुर्घटना का दिनांक & समय	14/12/2025 4:00PM
6	Place of Accident / दुर्घटना का स्थान	सरसवा चौराहे के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	MAUTI LAL, 9792708985, UP3120210005063
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण	सरसवा चौराहे के पास सामने से जाय से टक्कर हो गई जिससे मेरी गाड़ी बाईं ओर गिरकर सतिग्रस्त होगई
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 : 16/12/2025
हस्ताक्षर

गेंदू राज
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 MEE RUT

Certificate/Policy No. 252400/31/2025/74995

Tel. No.

Period of Insurance 01/01/2025 to 31/12/2025
 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 : GENOU RAJ
 (b) Address for correspondence : R/O KHAGIYA PUR, PO-SAMDOHA KHERI, PS-DHAURAHRA,
 (c) Telephone : 8858586909 LAKHIMPUR KHERI

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>HAJIFJ RAMJ7300</u> Chassis No. <u>MBLHAW400RHMJ6299</u>	Registration No. <u>UP31CT</u> <u>6341</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 : MAUJI LAL
- (b) Age : 01-01-1985
- (c) Address : Vill- GADARTYAN PURWA KHAGIYAPUR, PS-
SAMDHA, PS DHAURAHARA, KHERI, UP, 262722.
- (d) Is the Driver
1. Owner : No
 2. paid driver? : No
 3. Owner's relative or friend? : CHACHA
- (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 : UP3120210005063
- (h) Issuing Authority : 27/02/2021
- (i) Date of Expiry : 26/02/2031
- (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 : 14/12/2025 4:00 PM.
- (b) Place : सरसवा चौराहे के पास
- (c) Speed of vehicle at the time of accident : 30-40
- (d) Give a short description of the accident : सरसवा चौराहे के पास सामने से गाड़ी से टक्कर हो गई
- (e) If any third party was responsible for this accident give the name and address : जिससे मरी जाती वारी और गिरकर सतिमस्त हो गई

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 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 : _____
- (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? : 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? : 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? : _____
(g) When? : N/A
(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 16/12/2005

Signature of the insured गोपूराज

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. UP31116341 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 वी.पू.राज
Occupation
Address

Bank Account Number
Name of the Bank



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID : PGHR0928

Page No: 1

This Document is Digitally Signed
Signature: RAJESH KUMAR
Date: Wed Jan 13 2025 09:55:47 IST
Reason: Signing Policy for OICL

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)			
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))	Policy Issued On	01-JAN-25
Policy No	252400/31/2025/74995	Proposal No. & Date	R/252400/31/2025/94765478/22 & 01-JAN-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 17:27 ON 01/01/2025 TO MIDNIGHT OF 31/12/2025
Agent/Broker Name	ABHINAV BHATTI	Policy Period (LIABILITY)	FROM 17:27 ON 01/01/2025 TO MIDNIGHT OF 31/12/2029
Insured Name	GENDU RAJ (GSTIN: 0)	Lead/Breakin No	/0
Insured Address	S/O SRI SADHU, R/O KHAGIYAPUR PO: SAMDOHA KHERI, PS- DHAURAHARA, LAKHIMPUR KHERI, NA.	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP	Vehicle	79658
Model & Variant	HERO SPLENDOR PLUS XTECH E20	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	79658
Engine -Chassis No	HA11F1RHM17300 - MBLHAW400RHM16299	TMF CONTRACT NO	
Cubic Capacity	100	Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1	Geographical Area	IND
Type Of Body	SOLO	Type Of Fuel	PETROL
RTO Location			

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1335.07	Basic Third Party Liability	3851
Elec Accessories	0	Compulsory PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	200.07	Legal Liability (WC) to driver (IMT-28)	0
Geographical Area Extn (IMT -1)	0	Legal Liability to Employees (IMT-29)	0
Driving Tuition Loading On OD Premium (60%)	0	Legal Liability to Passenger (IMT-46)	NA
Sub-Total Additions	0	Driving Tuition Loading On TP Premium (60%)	NA
Deductibles		PA Paid Driver, Conductor, Cleaner-GR36B3	0
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	3851
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	4051
AAI Membership (IMT-8)	0	GST	730
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00
SIP Discount	0	Swachh Bharat Cess@0.50%	0
Sub-Total Deductibles	0	Krishi Kalyan Cess@0.50%	0
Add-On Coverages		Gross Premium Paid	4781
NIL Depreciation			
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub Total Add-on Coverages	0		
Net own Damage Premium(A)	200		

Note:
1. Policy Issuance is the subject to the realisation of cheque
2. Consolidated Stamp Duty paid via Challan No
3. The Policy is subject to a compulsory Deductible of Rs 0 (IMT-22)
4. Voluntary excess Rs(0)
5. Subject to Endorsements IMT, 7, 10, 28,

Nominee Details :		Age		Relation	
Nominee Name		Age		Relation	

Payment Details :		Cheque No./Transaction No.		Bank Name		Amount	
Payment Method		Cheque No./Transaction No.		Bank Name		Amount	4781

Financer Type		Financer Name		Financer Branch	
Financer Name	SHIRAM FINANCE LIMITED	Financer Branch			

POS Name		POS ID		POS PAN NO/Aadhar No	
POS Name	NA	POS ID	NA	POS PAN NO/Aadhar No	NA

In the event of a claim under the policy exceeding Rs.1lac or a claim for refund of premium exceeding Rs3lac, 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:

Warranted that in case of dishonour 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.

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 MVA 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

g) 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 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 there 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. The preceding five consecutive years/35% 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 :	UNTV@252400	
	Approved On :	01-JAN-25	
	Place :	MRT	
	Printed On :	01-JAN-25	

For and on behalf of
The Oriental Insurance Company Limited

General Manager
Authorized Signature



CERTIFICATE OF REGISTRATION

Registration No : UP31CJ6341 Registration Date : 03-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 : GENDU RAJ Son/wife/daughter of : SRI SADHU
 Full Address: (Permanent) : R/O KHAGIYAPUR PO: SAMDOHA, KHERI, PS- DHAURAHARA, KHERI, UTTAR PRADESH-262722
 Full Address: (Temporary) : R/O KHAGIYAPUR PO: SAMDOHA, KHERI, PS- DHAURAHARA, KHERI-UTTAR PRADESH-262722

Fitness Up To : 02-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 : AA2117953367 Rear HSRP No : AA2118187056
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 12/2024
 No of Cylinders : 1 Chassis No : MBLHAW400RHM16299
 Engine No : HA11F1RHM17300 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ XTEC 2.0 Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 112
 Colour : Black Heavy Grey 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.	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 SHRIRAM FINANCE LIMITED, KANPUR, KANPUR, , Kanpur Nagar, Uttar Pradesh-208002 w.e.f. 01-Jan-2025.

Purchase dt : 01-Jan-2025 Sale Amt : 83852/-
 OTT Date : 01-Jan-2025 Amount/Rcpt No : 8386 / UP31D25010000588
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 11-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 03-Jan-2025 to 02-Jan-2040

Date : 22-Jan-2025 10:37:03

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 22-Jan-2025

Q 1476931

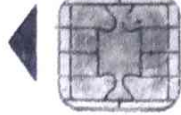


Indian Union Driving Licence
Issued by Uttar Pradesh

UP

UP31 20210005063

Issue Date: 27-02-2021 Validity (NT): 26-02-2031 Validity (TR)*: _____



Holder's Signature

Name: **MAUJI LAL**
 Date of Birth: **01-01-1985** Blood Group: _____ Organ Donor: **N**
 Son/Daughter/Wife of: **SHRIRAM**

Address:
VILL GADARIYAN PURAWA KHAGIYAPUR POST
SAMDOHA PS DHAURAHARA
Dhaurahara, Kheri, UP 262722

Date of First Issue (27-02-2021)

DL No: UP31 20210005063

UPDL000005175197



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	27-02-2021	NT			
LMV	LMV	UP31	27-02-2021	NT			
MVSD							

Emergency Contact Number _____

[Signature]
 Licensing Authority
UP31 LAKHIMPUR KHERI

Form 7 Rule 16(2)


भारत सरकार
Government of India


Aadhaar no. Issued: 16/06/2015





गेंदू राज
Gendu Raj
जन्म तिथि/DOB: 12/07/2005
पुरुष/ MALE


आधार पहचान का प्रमाण है, नागरिकता वा जन्मतिथि का नहीं।
 इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/ ऑफलाइन एक्सएमएल (एचि स्कैनिंग) के साथ किया जाना चाहिए।
Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

6643 2646 2870

मेरा आधार, मेरी पहचान


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India


Details as on: 21/12/2023



पता:
आसुन: साधु, खागियापुर, समदोहा, खीरी,
उत्तर प्रदेश - 262722

Address:
S/O: Sadhu, Khagiyapur, PO: Samdoha,
DIST: Kheri,
Uttar Pradesh - 262722

6643 2646 2870

VID : 9142 6296 9773 0771

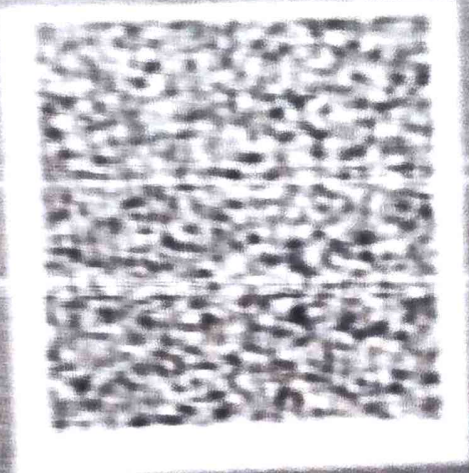
1947 | help@uidai.gov.in | www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

MINOR

पुत्र/पुत्री धर्म शर्मा शर्मा
Permanent Account Number Card
ECCPG7615J



आय / Income
DEMAND

पुत्र/पुत्री धर्म शर्मा शर्मा
BANK

आय / Income
DEMAND

आय / Income
DEMAND

आय / Income
DEMAND

12/16/2025