

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-1225-648	Date	05-12-2025
Customer Name	RAM GOPAL	Contact No.	8726221115
VIN	MBLHAW172PHA06508	Model	SPLENDOR+ XTEC
Insurance Company		Reg No.	UP31BY8212
HMCGL Card No	1073023530000709	HMCGL Card Category	Platinum

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	61100AAE500RS -FENDER COMPLETE FRONT RD(BR) -016M(G)	87141090	Paid	898.31	1	9.00	9.00	0.00	0.00	0.00	0.00	1,060.00
2	83410AAE300RS -FR VISOR BLACK NH 1 TYPE 1	87141090	Paid	866.95	1	9.00	9.00	0.00	0.00	0.00	0.00	1,023.00
3	83402AAE710S -PANEL INNER	87141090	Paid	236.44	1	9.00	9.00	0.00	0.00	0.00	0.00	279.00
4	33100AAEC1099S -LIGHT ASSEMBLY HEAD	85122010	Paid	453.39	1	9.00	9.00	0.00	0.00	0.00	0.00	535.00
5	3360AKCC710S -WINKER ASSY R RR (W/O BULB)	85122010	Paid	173.73	1	9.00	9.00	0.00	0.00	0.00	0.00	205.00
6	37100ADH60099S -METER ASSY COMB	87141090	Paid	2,870.34	1	9.00	9.00	0.00	0.00	0.00	0.00	3,387.00
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	53200AAE300S -STEM COMP STRG	87141090	Paid	741.53	1	9.00	9.00	0.00	0.00	0.00	0.00	875.00
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
10	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
11	88120AAEH31S -MIRROR ASSEMBLY LEFT BACK	70091090	Paid	118.64	1	9.00	9.00	0.00	0.00	0.00	0.00	140.00
12	83600AAE300RS -L SIDE COVER BLACK NH 1 TYPE 1	87141090	Paid	589.83	1	9.00	9.00	0.00	0.00	0.00	0.00	696.00
13	17520AAE3054S -FUEL TANK (BLACK NH 1) TYPE 4	87141090	Paid	4,979.66	1	9.00	9.00	0.00	0.00	0.00	0.00	5,876.00
14	24701AAE300S -PEDAL GEAR CHANGE	87141090	Paid	151.69	1	9.00	9.00	0.00	0.00	0.00	0.00	179.00
15	35010AAE301S -"KIT, LOCKS & KEYS"	83012000	Paid	707.63	1	9.00	9.00	0.00	0.00	0.00	0.00	835.00
16	K44446AAMB000S -"KIT, WHEEL COMP. FRONT"	87141090	Paid	3,968.64	1	9.00	9.00	0.00	0.00	0.00	0.00	4,683.00
Parts Total											0.00	22,437.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR+ XTEC	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	22,437.00
Labour Total	2,000.10
SGST (Parts) 9%	1,711.30
CGST (Parts) 9%	1,711.30

CGST (Labour) 9%	152.55
Total	24,437.10

Rupees in Words: Twenty Four Thousand Four Hundred Thirty Seven and paise Ten **Authorised Signatory**
Only

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.	राम गोपाल, 8726221115
2	Vehicle No. / वाहन संख्या	UP31BY 8212
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/416603
4	Period of Insurance / बीमा अवधि	16/03/2025 से 15/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	30/11/2025 4:00 PM
6	Place of Accident / दुर्घटना का स्थान	धूर चौराहे के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	राम गोपाल, 8726221115 UP31 20210013174
8	Estimated Loss / अनुमानित हानि	
09. Cause of Accident / दुर्घटना का कारण : धूर चौराहे के पास सामने से गाय से धोरदार टक्कर हो गई जिससे मेरी गाड़ी बायीं 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

Date / दिनांक : 03/12/2025
हस्ताक्षर

राम गोपाल
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/2025/7001/0/46575/41660

Tel. No.

Period of Insurance 16/03/2025 से 15/03/2026³

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 : RAM GOPAL
 (b) Address for correspondence : R/O KALUAPUR, LAKHIMPUR-KHERI, UP, 262723
 (c) Telephone : 8726221115

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2023</u>	Engine No. <u>HJ11EAPHA03298</u> Chassis No. <u>MBLHANJ72PHA06508</u>	Registration No. <u>UP31BY</u> <u>8212</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 N/A
 1. Was a side-car attached
 2. Was a pillion rider carried

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 : _____ N/A
 (g) If Lorry/Jeep/Tractor, was trailor attached? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : RAM GOPAL
- (b) Age : 07-01-1989
- (c) Address : VILL-KALUAPUR PO-SATSAYA KALANPS-
DHAURAHRA, LAKHIMPUR KHERI, UP, 262723
- (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 : UP31 20210013174
- (h) Issuing Authority : 07-09-2021
- (i) Date of Expiry : 06-09-2031
- (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 : 30/11/2025 4:00PM.
- (b) Place : घर चौराहे के पास
- (c) Speed of vehicle at the time of accident : 30-40
- (d) Give a short description of the accident : घर चौराहे के पास सामने से गाड़ी से टक्कर होगई जिससे
- (e) If any third party was responsible for this accident give the name and address : मेरी गाड़ी बायीं ओर गिरकर सातगस्त 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

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? : N/A
(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 03/12/2015

Signature of the insured रामशोपाल

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 31BY 8212 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 शमशोपाल
Occupation
Address

Bank Account Number
Name of the Bank

Program Proposal Two-Wheeler Package Contract - Bundled

Package Contract No.: MS/2025-7001/0/46575-416603

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	
RAM GOPAL	1989-01-01	8726221115	S/O SRI RAMFAL	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
XTEC DRUM SELF E20	UP31BY8212	HA11EAPHA03298	MBLHAW172PHA06508	2023	100	1W
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
54500.00	NA	0.00	0.00	0.00	54500.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
	Solo	STATE BANK OF INDIA	---	2	1922.25	
Address			City / District	Pin Code	State	
R/O KALUAPUR, KALUAPUR, LAKHIMPUR KHERI, KHERI, Kheri, Uttar Pradesh, 262723				262723	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
KHUSHBU DEVI	Female	27 Years	WIFE	2025-03-16 12:58	Midnight of 2026-03-15	

Section A, VRC: 766.07 TCR: 385.86 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 1151.93

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: 278.24 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 50.08 Total with GST(D): 328.32

Total(Section A+B+C+D) Offered Price After Discount: 1922

Package Period Covered	2025-03-16 To 2026-03-15	2026-03-16 To 2027-03-15	2027-03-16 To 2028-03-15	2028-03-16 To 2029-03-15	2029-03-16 To 2030-03-15
ADV	54500	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 2028-01-28 (DETAILS ARE 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 203 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/- Net. 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 jurisdiction of the courts at Aligarh.

#: Received with Thanks Rs 1922.25 ON 2025-03-16 from Mr./Ms. RAM GOPAL against the ARN No. INCP00416603
 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 : UP31BY8212 Registration Date : 01-Feb-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, . . . -
Owner Name : RAM GOPAL Son/wife/daughter of : S/O SRI RAMFAL
Full Address: (Permanent) : R/O KALUAPUR, KALUAPUR, LAKHIMPUR KHERI, KHERI, KHERI, UTTAR PRADESH-
262723
Full Address: (Temporary) : R/O KALUAPUR, KALUAPUR, LAKHIMPUR KHERI, KHERI, KHERI-UTTAR PRADESH-
262723

Fitness UpTo : 31-Jan-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
Front HSRP No : AA2069195641 Rear HSRP No : AA2066997964
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 01/2023
No of Cylinders : 1 Chassis No : MBLHAW172PHA06508
Engine No : HA11EAPHA03298 Fuel : PETROL
Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ XTEC Wheel base : 1995
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 112
Colour : BLACK TORNADO 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. 29-Jan-2023.

Purchase dt : 29-Jan-2023 Sale Amt : 76946/-
OTT Date : 29-Jan-2023 Amount/Rcpt No : 7695 / UP31D23020000075
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 02-Feb-2023

Other State/Transfer/Conversion Details

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

This certificate is valid from 01-Feb-2023 to 31-Jan-2038

Date : 07-Feb-2023 14:03:56

Taxation Particulars / Advance Registration Mark Fee Details

पंजीयन अधिकारी
Signature of Registering Authority
Date : 07-Feb-2023


P 1590294

गाड़ी श्रीराम सिटी यूनियन फाइनेंस लि
फाइनेंस है।
या ना इस गाड़ी को खरीदें ना ही बेचें।

Indian Union Driving Licence
Issued by Uttar Pradesh

UP31 20210013174

Issue Date: 07-09-2021 Validity (NT): 06-09-2031 Validity (TR)*: _____



Holder's Signature: _____

Date of First Issue: (07-09-2021)


Name: **RAM GOPAL**

Date of Birth: 01-01-1989 Blood Group: _____ Organ Donor: **Y**

Son/Daughter/Wife of: **RAMFAL**

Address:
VILL- KALUAPUR PO- SISAIYA KALAN PS
DHAURAHARA Dhaurahara, Lakhimpur Kheri, UP
262723

DL No: UP31 20210013174 UPDL000908291277



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	UP31	07-09-2021	NT				
LMV	UP31	07-09-2021	NT				
MVSD							

Emergency Contact Number _____

Licensing Authority
UP31 LAKHIMPURKHERI

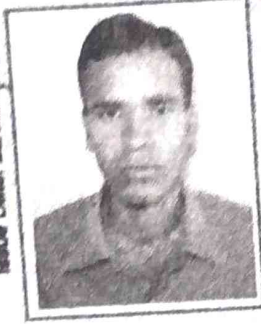
Form 7 (Rule 16.2)

राम गोपाल

878622115



भारत सरकार
Government of India



Issue Date: 25/05/2016

राम गोपाल
Ram Gopal
जन्म तिथि / DOB : 01/01/1989
पुरुष / MALE



9383 1987 6839

मेरा आधार, मेरी पहचान

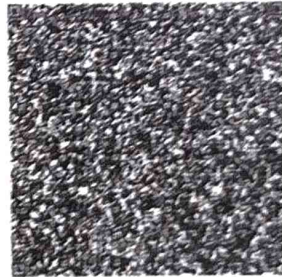


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता: अल्मज: रामफल, कलुआपुर, कलुआपुर,
खीरी, उत्तर प्रदेश, 262723
Address: S/O: Ramfal, Kaluapur, Kaluapur,
Kheri, Uttar Pradesh, 262723

Print Date: 19/10/2020



9383 1987 6839



1947



help@uidai.gov.in



www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

RAM GOPAL

RAM FAL

01/01/1989

Permanent Account Number

BLUPG0754M

रामगोपाल

Signature



23112013

इस कार्ड के खोने/पाने पर कृपया सूचित करें/लौटारें:

आयकर विभाग इकाई, एन एस यू सल

5 वीं मंजिल, मास्त्री स्टर्लिंग,

प्लॉट नं. 341, सर्वे नं. 997/8,

मॉडल कॉलोनी, दक्षिण बंगला चौक के पास,

पुणे - 411 016.

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Income Tax PAN Services Unit, NSDL

5th Floor, Mastrri Sterling,

Plot No. 341, Survey No. 997/8,

Model Colony, Near Deep Bungalow Chowk,

Pune - 411 016.

Tel: 91-20-2721 8000, Fax: 91-20-2721 8081

e-mail: tininfo@nsdl.co.in