

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-1125-622	Date	22-11-2025
Customer Name	RAJESH KUMAR	Contact No.	9454706226
VIN	MBLHAW127MHE80230	Model	SPLENDOR +
Insurance Company		Reg No.	UP31BR3055
HMCGL Card No	1073024850001772	HMCGL Card Category	Platinum

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	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
3	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
4	3345AKCC710S -WINKER ASSY L FR(W/O BULB)	85122010	Paid	177.97	1	9.00	9.00	0.00	0.00	0.00	0.00	210.00
5	88120AAFH31ZAS - MIRROR ASSEMBLY LEFT BACK NH-1 TYPE-1)	70091090	Paid	190.68	1	9.00	9.00	0.00	0.00	0.00	0.00	225.00
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	LSPKITTYFOTHR - TYRETUBELESS10730	401120	Paid	1,640.00	1	9.00	9.00	0.00	0.00	0.00	0.00	1,935.20
8	45010KTR700S -PANEL SUB COMP FR.BRK	87141090	Paid	550.00	1	9.00	9.00	0.00	0.00	0.00	0.00	649.00
9	51400KSTA11S -FORK ASSY R FR	87141090	Paid	1,991.53	1	9.00	9.00	0.00	0.00	0.00	0.00	2,350.00
10	51500KWHY01S -FORK ASSY L FRONT	87141090	Paid	1,538.98	1	9.00	9.00	0.00	0.00	0.00	0.00	1,816.00
11	61000AAE200US -FRONT FENDER (R-195C)	87141090	Paid	1,132.20	1	9.00	9.00	0.00	0.00	0.00	0.00	1,336.00
12	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
13	61311KCC840S -STAY HEAD LIGHT BRACKET	87141090	Paid	132.20	1	9.00	9.00	0.00	0.00	0.00	0.00	156.00
14	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
15	53200AAE200S -STEM COMP STRG	87141090	Paid	738.14	1	9.00	9.00	0.00	0.00	0.00	0.00	871.00
16	50100AAE300S -FRAME BODY COMP	87141090	Paid	7,792.37	1	9.00	9.00	0.00	0.00	0.00	0.00	9,195.00
17	24701AAE300S -PEDAL GEAR CHANGE	87141090	Paid	151.69	1	9.00	9.00	0.00	0.00	0.00	0.00	179.00
18	51104KCC900S -STEP PILLION WOMEN	87141090	Paid	128.81	1	9.00	9.00	0.00	0.00	0.00	0.00	152.00
19	51103AAEH00S -GUARD SAREE	87141090	Paid	319.49	1	9.00	9.00	0.00	0.00	0.00	0.00	377.00
20	50400ADH800DS -GRIP REAR	87141090	Paid	859.32	1	9.00	9.00	0.00	0.00	0.00	0.00	1,014.00
Parts Total											0.00	33,697.20
Labour Details												0

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
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LABOUR-SPLENDOR +

Jobs Total	0.00	2,000.10
Parts Total		33,697.20
Labour Total		2,000.10
SGST (Parts) 9%		2,570.13
CGST (Parts) 9%		2,570.13
SGST (Labour) 9%		152.55
CGST (Labour) 9%		152.55
Total		35,697.30

Rupees in Words: Thirty Five Thousand Six Hundred Ninety Seven and paise Thirty 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.	राजेश कुमार, 9839212305
2	Vehicle No. / वाहन संख्या	UP31 BR 3055
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/466716
4	Period of Insurance / बीमा अवधि	16/09/2025 से 15/09/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	10/11/2025 6:30 PM
6	Place of Accident / दुर्घटना का स्थान	खैरवा के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	शम्भू लाल, 9454706226 UP31 20170013327
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण	खैरवा के पास सामने से साइ से टक्कर हो गई जिससे मेरी गाड़ी बाँधी और गिस्कर 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, LRPRAD LAKHIMPUR-KHERI, 9151154036

Date / दिनांक : 16/11/2025
हस्ताक्षर

राजेश कुमार
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/2025/7000/0/46575/466

Tel. No.

Period of Insurance 16/09/2025 से 15/09/2026
 Claim No. 716

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 : RATISH KUMAR
 (b) Address for correspondence : VILL-IMILIYA, PO-BEHTAM, PS-NERMGMON, KHERI
 (c) Telephone : 9839242305

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2021</u>	Engine No. <u>HJJTYMHE64776</u>	Registration No. <u>UP31BR</u> <u>3055</u>
	Chassis No. <u>MBLHAW127MHE80230</u>	

- (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 : SHAMBHU DAYAL
 (b) Age : 05/06/1986
 (c) Address : VILL-EMLIYA, PS-BEHSAM THANA-NEEMGAON, LAKHIMPUR-KHERI
 (d) Is the Driver
 1. Owner : NO
 2. paid driver? : NO
 3. Owner's relative or friend? : NEPHEW
 (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 20170013327
 (h) Issuing Authority : 07/12/2017
 (i) Date of Expiry : 04/06/2036
 (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 : 10/11/2025 6:30PM.
 (b) Place : खिवा के पास
 (c) Speed of vehicle at the time of accident : 30-40
 (d) Give a short description of the accident : खिवा के पास सामने से साइ से लक्कर हो गई जिससे
 (e) If any third party was responsible for this accident give the name and address : मरी जाती बाईं ओर गिरकर सति गस्त ही 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 LPP 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

R. 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? : 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 16/11/2025

Signature of the insured _____

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. UP31BR3055 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/-

27/3/21 9/11/21

Witness
Name
Signature
Address

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 RAJESH KUMAR S/O MALTI
PRASAD JMLIYA, BEHIAM, KHERI, UP, 261501

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 16/11/2025

Place KHERI

राजेश कुमार

Signature of the declarant

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

- (a) Ration Card
- (b) Passport
- (c) Driving License
- (d) Identity Card issued by any institution
- (e) Copy of Electricity bill or Telephone bill showing residential address.
- (f) Any document of communication issued by authority of Central Government or local bodies showing residential address.
- (g) 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/2025/7001/0/46575/466716

Motorsathi Care Private Limited
 D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004) 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	
RAJESH KUMAR	1984-01-01	9454706226	SRI MALATI PRASAD	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle
138 SELF DRUM	UP31BR3055	HA11EYMHE64776	MBLHAW127MHE80230	2021-06-15	100	138
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
35000.00	NA	0.00	0.00	0.00	35000.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl)	
	Solo	HERO FINCORP LTD		2	1873.62	
Address			City / District	Pin Code	State	
VILL-IMILIYA, PO-BEHJAM, VILL-IMILIYA, PO-BEHJAM,PS-NEEMGAON, KHERI				261501	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
DHANDEVI	Female	36 Years*	WIFE	2025-09-16 16:09	Midnight of 2026-09-15	

Section A, VRC: 597.39 TCR: 454.30 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA Bonus US (0%): 0.00 **Total with GST(A): 1051.69**
 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: 321.97 AHDC, DOC & Additional External Tyre Cover(AFTC) Alloy wheel Cover Other Discount: 0.00 GST (CGST @ 9% + SGST @ 9%): 57.95 **Total with GST(D): 379.92**

Total(Section A+B+C+D) Offered Price After Discount: 1874

Package Period Covered	2025-09-16 To 2026-09-15	2026-09-16 To 2027-09-15	2027-09-16 To 2028-09-15	2028-09-16 To 2029-09-15	2029-09-16 To 2030-09-15
ADV	35000	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 2026-09-31 (OR EARLIER IF 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 items) 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 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 State 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. 1,00,000. The amount mentioned is estimated breakup. Actual Costs and Terms & Conditions are in the policy document which can be downloaded only via authorized portal or via Motorsathi App.

DISCLAIMER: The package stands cancelled or void in the event of Cheque Dishonour. The company may cancel the package by sending 7 days' notice in case of 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 1Lakh (in a financial year) 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 PRIVATE LIMITED AT: Website: www.motorsathi.com Customer Care / Toll Free Phone: +91 79410 50643 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 dispute arising out of or in connection with this agreement shall be subject to the jurisdiction of the courts at Meerut.



Received with Thanks Rs 1873.62 ON 2025-09-16 from Mr./Ms. RAJESH KUMAR against the ARN No. INCP00466716
 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, 15
 Customer Service Address: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India

GOVERNMENT OF UTTAR PRADESH

Transport Department Lakhimpur Kheri

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP31BR3055 Registration Date : 15-Jun-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 : RAJESH KUMAR Son/wife/daughter of : SRI MALATI PRASAD
 Full Address: (Permanent) : VILL-IMILIYA, PO-BEHJAM, VILL-IMILIYA, PO-BEHJAM, PS-NEEMGAON, KHERI, UTTAR
 PRADESH-261501
 Full Address: (Temporary) : VILL-IMILIYA, PO-BEHJAM, VILL-IMILIYA, PO-BEHJAM, PS-NEEMGAON, KHERI-UTTAR
 PRADESH-261501
 Fitness UpTo : 14-Jun-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 : AA2041171952 Rear HSRP No : AA1015302382
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 05/2021
 No of Cylinders : 1 Chassis No : MBLHAW127MHE80230
 Engine No : HA11EYMHE64776 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR +(13S-SELF-DRU Wheel base : 1236
 M-CAST)
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 112
 Colour : BLACK-SILVER STR 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 HERO FINCORP LTD, PUNE, PUNE, , Pune, Maharashtra-411009 w.e.f. 01-Jun-2021.

Purchase dt : 01-Jun-2021 Sale Amt : 65880/-
 OTT Date : 01-Jun-2021 Amount/Rcpt No : 6588 / UP31D21060000594
 TaxUpTo : One Time Vehicle is Govt/ Pvt. : PRIVATE
 Tax Exempted or Not : NOT EXEMPTED Date of Approval : 15-Jun-2021
 Other State/Transfer/Conversion Details
 Previous Owner :
 Old State :
 Transfer Date :
 Previous RegNo :
 Entry Date :
 Conversion Date :
 This certificate is valid from 15-Jun-2021 to 14-Jun-2036

Date : 16-Jul-2021 12:59:40

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

पंजीयन अधिकारी
 15-Jun-2021
 लखीमपुर खेरी

M 2906540

UNION OF INDIA Driving Licence



UP31 20170013327



जारी करने की तिथि
Date of Issue
07/12/2017
जन्म तिथि
Date of Birth
05/06/1986

वैधता / Validity
04/06/2036
रक्त समूह
Blood Group
Unknown



नाम / Name

SHAMBHU DAYAL

पिता/पति का नाम / Son/Daughter/Wife of

RAM SINGH

UP31 20170013327

UP08998170M7


LMV
07/12/2017


MCWG
07/12/2017



Form 7 (Rule 16(2))

पता / Address

VILL EMLIYA
POST BEHJAM THANA NEEMGAON
LAKHIMPUR KHERI -

Holder's Signature


जारीकर्ता / Issuing Authority Sign
Lakhimpur Khari



भारत सरकार
Government of India



राजेश कुमार
Rajesh Kumar
जन्म तिथि / DOB : 01/01/1984
पुरुष / Male



8530 8218 1826

आधार - आम आदमी का अधिकार



आधार
Unique Identification Authority of India

पता:
आत्मज: मालती प्रसाद, इमिलिया,
बेहजम खीरी, बेहजम, उत्तर प्रदेश,
261501

Address:
S/O: Malati Prasad, imiliya,
Behjam, Kheri, Behjam, Uttar
Pradesh, 261501

8530 8218 1826

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in