

**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-1225-691	Date	17-12-2025
Customer Name	SARQJ VERMA /	Contact No.	9792081976
VIN	MBLJA12ACEGC10530	Model	PASSION XPRO
Insurance Company		Reg No.	UP31AD9060
HMCGL Card No	1073024870003614	HMCGL Card Category	Diamond

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	61300AAZ000RS -FRONT COWL (BLACK NH-1 (TYPE-1)	87141090	Paid	702.54	1	9.00	9.00	0.00	0.00	0.00	0.00	829.00
2	3310BAAZ001S -LIGHT ASSY HEAD (W/O BULB)	85122010	Paid	677.97	1	9.00	9.00	0.00	0.00	0.00	0.00	800.00
3	64100AAZ000SR -SET WIND SCREEN.	99990000	Paid	180.47	1	14.00	14.00	0.00	0.00	0.00	0.00	231.00
4	83402AAZ000S -PANEL INNER	87141090	Paid	182.20	1	9.00	9.00	0.00	0.00	0.00	0.00	215.00
5	83600KZAW00ZHS -L SIDE COVER(EYM Y-210M)	87141090	Paid	561.86	1	9.00	9.00	0.00	0.00	0.00	0.00	663.00
6	77250KZAW00ZAS -L SIDE COWL(BLK NH-1 (TY-1)	87141090	Paid	605.08	1	9.00	9.00	0.00	0.00	0.00	0.00	714.00
7	77235AAZ000S -BRACKET TAIL LIGHT ASSEMBLY	87141090	Paid	55.93	1	9.00	9.00	0.00	0.00	0.00	0.00	66.00
8	3345BAAC201S -WINKER ASSY L FR(W/O BULB)	85122010	Paid	161.02	1	9.00	9.00	0.00	0.00	0.00	0.00	190.00
9	50803ABA000S -GUARD LEG	87141090	Paid	331.36	1	9.00	9.00	0.00	0.00	0.00	0.00	391.00
<b>Parts Total</b>											0.00	4,099.00

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-PASSION XPRO	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	4,099.00
Labour Total	2,000.10
SGST (Parts) 14%	25.27
SGST (Parts) 9%	295.02
CGST (Parts) 14%	25.27
CGST (Parts) 9%	295.02
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
<b>Total</b>	<b>6,099.10</b>

Rupees in Words: Six Thousand Ninety Nine 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  
.....MERUT.....

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.	सरोज कुमार वर्मा, 9792081976
2	Vehicle No. / वाहन संख्या	UP31AD9060
3	Policy No. / पालिसी संख्या	MS/2025/1001/0/46575/437248
4	Period of Insurance / बीमा अवधि	11/05/2025 से 10/05/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	05/12/2025 11:00 am.
6	Place of Accident / दुर्घटना का स्थान	मितौली बड़े गाँव तिराहे के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	सरोज कुमार वर्मा, 9792081976 UP31 20010000247
8	Estimated Loss / अनुमानित हानि	
09. Cause of Accident / दुर्घटना का कारण : मितौली बड़ा गाँव तिराहे के पास सामने से गाय के अचानक आने से टक्कर हो गयी जिससे मेरी पीछे आ रहे मोटर साइकिल वाले ने पीछे से टक्कर मार दी जिससे मेरी गाड़ी आगे धकेल दी गई और गाड़ी से आगे की ओर गिर 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, LRD ROAD LAKHIMPUR-KHERI, 9151154036

Date / दिनांक : 07/12/2025  
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/2025/1001/0/46575/43724

Tel. No.

Period of Insurance 11/05/2025 से 10/05/2026

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 : SAROT KUMAR VERMA  
 (b) Address for correspondence : KUTIYADEEH PO- PARSEHRA, PS-HAIDRABAD, LAKHIMPUR  
 (c) Telephone : 9792081976 KHERI

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2014</u>	Engine No. <u>JA12ABEG14661</u> Chassis No. <u>MBJA12ACEG10530</u>	Registration No. <u>UP31AD</u> <u>9060</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 : SAROT KUMAR VERMA  
 (b) Age : 12-03-1980  
 (c) Address : VJI-KUTYARDEEH, PS-PARSHERAM, THANA-  
 HUDA PABAD GOLAGHOKARANATH, LAKHIMPUR KHERI, 262802  
 (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 20010000247  
 (h) Issuing Authority : 30-05-2025  
 (i) Date of Expiry : 29-05-2035  
 (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 : 05/12/2025 11:00am  
 (b) Place : मिती ली बड़ा गीवातराहे के पास  
 (c) Speed of vehicle at the time of accident : 35-40  
 (d) Give a short description of the accident : मिती ली बड़ा गीवाते के पास सामने से गाड़ी के आधे से टक्कर  
 (e) If any third party was responsible for this accident give the name and address : हो गई जिससे पीछे आ रहे मोटरसाइड मिले वाले ने पीछे से टक्कर मारा जिससे मेरी गाड़ी आगे बढ़ाते वही कर वाइ आर ड्रिक्टर गति मस्त हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND BACK AND LEFT  
 (b) Estimated cost of repairs :  
 (c) When and where can the damaged vehicle be inspected : MOSARRAM AUTO SALES, LPP 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 : N/A  
 (e) Full details of property damaged :  
 (f) Has notice of any claim been given to you? :

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? : 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 07/12/2005

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. UP31AD9060 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. \_\_\_\_\_



Witness  
Name .....  
Signature .....  
Address .....

Signature .....  
Occupation .....  
Address .....

Bank Account Number .....  
Name of the Bank .....

# Program Proposal Two-Wheeler Package Contract - Bundled

INSURANCE POLICY NO: VIS/025/001/00/0575/437248

Motorsathi Insurance Limited

Plot No. 10, Sector 10, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Uttar Pradesh, India - 202013

www.motorsathi.com

For more information visit the website section of www.motorsathi.com

<b>Name of Certificate Holder</b>	<b>Date of Birth</b>	<b>Mobile No.</b>	<b>Father/Husband Name</b>	<b>Make</b>	<b>Model</b>
SAROJ KUMAR VERMA	1980-03-12	9792081976	POP RAM VERMA	Hero Monocorp	PASSION
<b>Sub Model</b>	<b>Vehicle Regn. No.</b>	<b>Engine No.</b>	<b>Chassis No.</b>	<b>Year of Mfg</b>	<b>Cubic Capacity</b>
Hero X PRO	UP31AD9060	JA12ABFGC14661	MJBA12ACTGC19530	2014-04-25	113
<b>Declared Value (ADV)</b>	<b>Side Car ADV</b>	<b>Non-Electrical Accessories ADV</b>	<b>Electrical Accessories ADV</b>	<b>CNG/LPG/Bi-Fuel ADV</b>	<b>Total ADV</b>
15000	NA	0.00	0.00	0.00	15000.00
<b>Year of Regn.</b>	<b>Body Type</b>	<b>HP/Lease/Hire-Purchase Agreement</b>	<b>Branch Office of Insurance/Hire-Purchase</b>	<b>Seating Capacity</b>	<b>Offered Payment (incl. GST)</b>
---	Sub	---	---	2	1831.10
<b>Address</b>			<b>City / District</b>	<b>Pin Code</b>	<b>State</b>
MILLI KURVA DLEH, PO- PARSEHKA, PS- HAHERSABAD, DISTRICT-ALHAMPUR-KHERI			Aligarh	202701	Uttar Pradesh
<b>Nominee Name</b>	<b>Nominee Gender</b>	<b>Nominee Age</b>	<b>Nominee Relation</b>	<b>Package Start Date</b>	<b>Package End Date</b>
HIMANSHU VERMA	Male	21 Years	SON	2025-05-11 14:59	Midnight of 2026-05-10

Net(A) A.VRC: 336.75 ICR: 0.00 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A): 336.75

Net(B) B.I.C: 664.00 I.C Service: 106.00 PCPD: 0.00 Sub Total: 770.00 TAC: 0.00 E.N.S: 0.00 E.D: 0.00 MCPD: 0.00 Total(B): 770.00 GST (CGST @9% + SGST @9%) (B): 138.60 Total with GST(B): 908.60

Net(C) C. MS Services(G): 374.58 MS Services(D): 0.00 MS Services(F): 0.00 GST (CGST @9% + SGST @9%): 67.42 Total MS Services with GST(C): 442.00

Net(D) D. Infr-Assure: 122.16 AHDC, DOC & Additional External Tyre Cover(AI) I.C.P. Discount: 0.00 GST (CGST @9% + SGST @9%): 21.99 Total with GST(D): 144.15

Total Section A+B+C+D Offered Price After Discount: 1831

Package Period Covered	2025-05-11 To 2026-05-10	2026-05-11 To 2027-05-10	2027-05-11 To 2028-05-10	2028-05-11 To 2029-05-10	2029-05-11 To 2030-05-10
ADV	15000	NIL	NIL	NIL	NIL
Services Period Covered (NODL)	1 Year	NIL	NIL	NIL	NIL

The coverage provided in this contract has a valid TP coverage from 2025-05-11 until 2025-05-10.

**EXCLUSIONS 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 baggage) (c) Transport for (i) Race Making (e) Speed Testing (f) Rehearsal 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 Central Motor Vehicle Rules, 1989.

**LIMIT OF LIABILITY:** The limit of the amount of the Company's accountability in respect of any one request or series of requests arising out of the event: Up to Rs. 100000/- (Ten Lakhs) as mentioned is estimated breakup. Actual Costs and Terms & Conditions are in package document which can be downloaded from the authorized portal www.motorsathi.com or via the 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 any such event, unless disclosure 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, the accounting 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. 7941830000 Quad. at: 10/10/motorsathi.com



**IMPORTANT NOTICE:** The coverage is not indemnified if the vehicle is used or driven in a manner, that in accordance with this Schedule. Any claim 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.1831.10 ON 2025-05-11 from Mr./Ms. SAROJ KUMAR VERMA against the ARN No. INCP00437245

As per acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions.

Please refer to the attached Consolidated Stamp Duty Paid Endorsement IMI 122, 16, 16

Customer Service Address: B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Uttar Pradesh, India.

ASSISTANT REGIONAL TRANSPORT OFFICE ARTO LAKHIMPUR KHIRI

<b>Registration Number</b> (पंजीकरण संख्या)	<b>UP31AD9060</b>	<b>Registration Date</b> (पंजी. तिथि)	<b>25-Apr-2014</b>
<b>Owner's Name &amp; Address</b> (वाहन स्वामी का नाम एवं पता)	<b>SAROJ KUMAR VERMA</b>	<b>Owner's Serial</b> (वाहन स्वामी क्रमांक)	<b>1</b>
<b>Son/wife/daughter of:</b>	<b>BHOOP RAM VERMA</b>	<b>Manufacturing Year</b> (निर्माण का वर्ष)	<b>03/2014</b>
<b>Full Address: (Permanent)</b>	<b>VILL- KUIYA DEEH PO- PARSEHRA, PS- HAIDRABAD LAKHIMPUR-KHERI-</b>	<b>No. of Cylinders</b> (सिलिंडर की संख्या)	<b>1</b>
<b>Full Address: (Current)</b>	<b>VILL- KUIYA DEEH PO- PARSEHRA, PS- HAIDRABAD LAKHIMPUR-KHERI-</b>	<b>Unladen Weight</b> (खाली भार)	<b>116 kgs</b>
<b>Dealer's Name &amp; Address</b> (विक्रेता का नाम)	<b>MUSA RAM AUTO SALES L R P ROAD LAKHIMPUR KHERI</b>	<b>Laden Weight</b> (भरा हुआ भार)	<b>226 kgs</b>
<b>Vehicle Class</b> (श्रेणी)	<b>MOTOR CYCLE</b>	<b>Seating Capacity</b> (सीट क्षमता)	<b>2 (including driver)</b>
<b>Chassis Number</b> (चेसिस संख्या)	<b>MBJA12ACEGC10530</b>	<b>Colour</b> (रंग)	<b>GBK</b>
<b>Engine Number</b> (इंजन संख्या)	<b>JA12ABEGC14661</b>	<b>Horse Power</b> (अश्व शक्ति)	<b>1.09 HP / 109.1 CC</b>
<b>Type of Body</b> (बाडी का प्रकार)	<b>SOLO</b>	<b>Fuel Used</b> (इंधन)	<b>PETROL</b>
<b>Maker's Name</b> (निर्माता का नाम)	<b>PASSION XPRO</b>	<b>Tax paid upto</b> (कर भुगतान)	<b>Life Time</b>
<b>HP / Lease Agreement with</b> (हाइपथिकेट/लीज समझौता किससे)	<b>HERO MOTOR CORP LTD</b>	<b>Tax Rate</b> (कर-दर)	<b>Life Time (RT- Rs. 3605/-)</b>
<b>Description and Size of Tyres</b> (टायरों का विवरण एवं आकार)		<b>Fitness Valid upto</b> (पंजीयन की वैधता)	<b>24-Apr-2029</b>
(a) Front Axle (फ्रन्ट एक्सल)		<b>Wheel Base</b> (व्हील बेस)	<b>1265</b>
(b) Rear Axle (रियर एक्सल)		<b>Registered Axle Weigh</b> (पंजीकृत एक्सल भार)	
(c) Any other Axle (अन्य कोई एक्सल)		(a) Front Axle (फ्रन्ट एक्सल)	
(d) Tandem Axle (टेन्डम एक्सल)		(b) Rear Axle (रियर एक्सल)	
		(c) Any other Axle (अन्य कोई एक्सल)	
		(d) Tandem Axle (टेन्डम एक्सल)	
	<b>Vehicle Registered Against NEW VEHICLE Case Air Conditioner (A.C.) Fitted-No</b>		
	<b>Enterd By: 25-Apr-2014</b>		

Sr. No. **RC - Q 0064760**  
(क्र.सं.)

Specimen Signature of the Owner  
वाहन स्वामी के हस्ताक्षर

Specimen Signature of Financier  
वित्त पोषक के हस्ताक्षर

Signature of Registration Authority  
पंजीकरण अधिकारी के हस्ताक्षर



# Indian Union Driving Licence

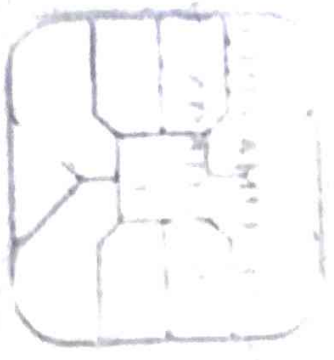
Issued by Uttar Pradesh

UP31 20010000247

Issue Date    Validity (NT)    Validity (TR)  
30-05-2025    29-05-2035



Holder's Signature



Name: **SAROJ KUMAR VERMA**

Date of Birth: **12-03-1980**    Blood Group: **A+ VE**    Organ Donor: **N**

Son/Daughter/Wife of: **BHOOP RAM VERMA**

Address:

VILL KUIY ADEEH POST PARSHERAM THANA  
HYDERABAD GOILA GOKARAN NATH, LAKHIMPUR  
KHERRI 262802

DL No: UP31 20010000247

UPDL31



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	10-05-2001	NT			
	LMV	UP31	10-05-2001	NT			
MVSD							

Emergency Contact Number

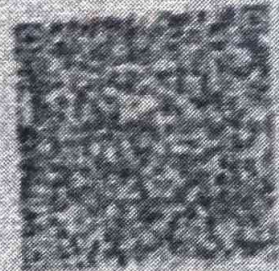
  
Licensing Authority  
UP31 LAKHIMPUR KHERRA



भारत सरकार  
GOVERNMENT OF INDIA



सरोज कुमार वर्मा  
Saroj Kumar Verma  
जन्म वर्ष / Year of Birth 1963  
पुरुष / Male



4166 7966 4885

आधार — आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता S/O भूप्रकम वर्मा, कुइयादेह,  
पारसेवरा, खैर, उत्तर प्रदेश, 262802

Address: S/O Bhoopram Verma,  
Kuiyadeeh, Parsehra, Kher, Uttar  
Pradesh, 262802

*Som Verma*

1947  
(180 180 1947)

help@uidai.gov.in

www.uidai.gov.in

P.O. Box No. 1947,  
Bangalore-560 001

979120 01976

आयकर विभाग

INCOME TAX DEPARTMENT

SAROJ KUMAR VERMA

BHOOPRAM VERMA

12/03/1980

Permanent Account Number

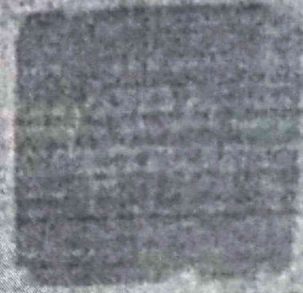
AHJPV2479G

*Saraj Kumar Verma*

Signature



भारत सरकार  
GOVT. OF INDIA



04072008

*Saraj Kumar Verma*