

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-1225-721	Date	24-12-2025
Customer Name	VIVEK SRIVASTAVA	Contact No.	6307611498
VIN	MBLJAW408RGE16903	Model	SUPER SPLENDOR XTEC
Insurance Company		Reg No.	UP31CK1714
HMCGL Card No		HMCGL Card Category	

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	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
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	6410AADG010S -SCREEN WIND SUB ASSEMBLY	87141090	Paid	304.24	1	9.00	9.00	0.00	0.00	0.00	0.00	359.00
5	3345BAAF401S -WINKER ASSY L FR	85122010	Paid	93.22	1	9.00	9.00	0.00	0.00	0.00	0.00	110.00
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	88120AANH01S -MIRROR ASSEMBLY LEFT BACK	70091090	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
8	50803AANB00S -GUARD ENGINE RH	87141090	Paid	120.34	1	9.00	9.00	0.00	0.00	0.00	0.00	142.00
9	50804AANB00S -GUARD ENGINE LH	87141090	Paid	100.85	1	9.00	9.00	0.00	0.00	0.00	0.00	119.00
10	77250ADG000US -COWL REAR LEFT BL(BR)-021M(F)	87141090	Paid	585.59	1	9.00	9.00	0.00	0.00	0.00	0.00	691.00
11	50400AAGA00ES -GRIP REAR (BL(BR)-003M	87141090	Paid	819.49	1	9.00	9.00	0.00	0.00	0.00	0.00	967.00
12	3365BAAF401S -WINKER ASSY L RR	85122010	Paid	93.22	1	9.00	9.00	0.00	0.00	0.00	0.00	110.00
13	3360BAAF401S -WINKER ASSY R RR	85122010	Paid	93.22	1	9.00	9.00	0.00	0.00	0.00	0.00	110.00
14	77240ADG000US -COWL REAR RIGHT BL(BR)-021M(F)	87141090	Paid	585.59	1	9.00	9.00	0.00	0.00	0.00	0.00	691.00
15	18350AANB01S -MUFFLER COMP EXHAUST	87141090	Paid	7,265.25	1	9.00	9.00	0.00	0.00	0.00	0.00	8,573.00
16	18355AAGA02S -COVER MUFFLER	87141090	Paid	292.37	1	9.00	9.00	0.00	0.00	0.00	0.00	345.00
17	50100ACL800S -FRAME BODY COMP	87141090	Paid	5,905.93	1	9.00	9.00	0.00	0.00	0.00	0.00	6,969.00
18	52110AAF400S - SWINGARM COMP RR	87141090	Paid	1,050.00	1	9.00	9.00	0.00	0.00	0.00	0.00	1,239.00
19	51104AAGA00S -STEP PILLION WOMEN	87141090	Paid	120.34	1	9.00	9.00	0.00	0.00	0.00	0.00	142.00
Parts Total											0.00	25,385.00

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	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		25,385.00
Labour Total		2,000.10
SGST (Parts) 9%		1,936.14
CGST (Parts) 9%		1,936.14
SGST (Labour) 9%		152.55
CGST (Labour) 9%		152.55
Total		27,385.10

Rupees in Words: Twenty Seven Thousand Three Hundred Eighty Five and paise Ten 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

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 The Oriental Insurance Co Ltd /
 दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

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.	विवेक श्रीवास्तव 6307611498 बीमाधारक का नाम & मोबाइल नं.
2	Vehicle No. / वाहन संख्या	UP31 CK 1714
3	Policy No. / पालिसी संख्या	252400/31/2025/83449
4	Period of Insurance / बीमा अवधि	06/02/2025 से 05/02/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	22/12/2025 समय 12:30 PM.
6	Place of Accident / दुर्घटना का स्थान	गाणेशनगर छाया हॉस्पिटल के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	अजय कुमार 7705047882 UP31 2019 0011096
8	Estimated Loss / अनुमानित हानि	Estimated Loss अनुमानित हानि
09. Cause of Accident / दुर्घटना का कारण : गाणेशनगर छाया हॉस्पिटल के पास पिकेप से दौड़ी और से मोटरसाइकिल वाले ने जोरदार टक्कर मार दी जिससे मेरी गाड़ी साइते हुए बर्सी और गिरकर साते मस्त 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, LR PR ROAD LAKHIMPUR KHERI, 9151154036

Date / दिनांक : 23/12/2025
 हस्ताक्षर

विवेक
 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. 252400/31/2025/83449

Tel. No.

Period of Insurance 06/02/2025 से 05/02/2026
 Claim No. _____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
 Please answer All relevant questions fully

1. INSURED

- (a) Name : VIVEK SRIVASTAVA
 (b) Address for correspondence : R/O MO-ARJUNPURWA, PS-LAKHIMPUR-KHERI
 (c) Telephone : 6307611498

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>JA07AMRG13480</u> Chassis No. <u>MBLJAW408R616903</u>	Registration No. <u>UP3JCK</u> <u>1714</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 : ATAY KUMAR
- (b) Age : 13/09/1996
- (c) Address : VILL-AMKOTAVA CHORRAHA RS-GOLA, LAKHIMPUR-KHERI, 22701
- (d) Is the Driver
1. Owner : NO
 2. paid driver? : NO
 3. Owner's relative or friend? : FRIEND
- (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 20190011096
- (h) Issuing Authority : 17/09/2019
- (i) Date of Expiry : 12/09/2036
- (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 other insurance Policies indemnifying you in re

5. DETAILS OF ACCIDENT

- (a) Date and Time : 22/12/2025 12:30 PM
- (b) Place : गणेश नगर साया हॉस्पिटल के पास
- (c) Speed of vehicle at the time of accident : 30-40
- (d) Give a short description of the accident : गणेश नगर साया हॉस्पिटल के पास पीछे से दई कार से मोटरसाइकिल
- (e) If any third party was responsible for this accident give the name and address : वाले ने प्रॉप्यर लेकर मार दी जिससे मरीगाड़ी रगड़ती हुई बायी ओर गिरकर घबरेमरत हो गई।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : BACK AND RIGHT AND LEFT
- (b) Estimated cost of repairs : _____
- (c) When and where can the damaged vehicle be inspected : MOSARAM AUTO SALES, LR 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? : _____
- (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 23/12/2025

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. UP31CK1714 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 Adan
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 Vivek SRIVASTAVA G/O OMKAR, MO-
ARJUNAPURWA VTC- LAKHIMPUR PO- KHERS, UTTAR PRADESH,
262701
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 23/12/2025

Place KHERS

[Signature]

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.



Policy Schedule

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: 09AAACT0617RAZU)

Table with fields: Policy Type, Policy No, Agent/Broker Code, Agent/Broker Name, Insured Name, Insured Address, Policy Issued On, Proposal No. & Date, Policy Period (OWN DAMAGE), Policy Period (LIABILITY), Lead/Breskin No, Insured State.

Table with sections: INSURED MOTOR VEHICLE DETAILS (Make, Model & Variant, Registration No, Year Of Manufacture, Engine-Chassis No, Cubic Capacity, Seating Capacity, Type Of Body, RTO Location) and INSURED DECLARED VALUE (IDV) (in Rs.) (Vehicle, Electrical Accessories, Non Electrical Accessories, Total IDV, TMF CONTRACT NO, Policy Type, Geographical Area).

Table with sections: OWN DAMAGE SECTION (A) and LIABILITY SECTION (B). Includes details for Vehicle, Elec Accessories, Non-Elec Accessories, Basic Premium, Geographical Area Extn, Driving Tuition Loading, Sub-Total Additions, Deductibles, Voluntary Deductibles, Anti-Theft Device, AA1 Membership, No Claim Bonus, Discount for vehicle designed for handicapped, SIP Discount, Sub-Total Deductibles, Add-On Coverages, NIL Depreciation, Return to Invoice, Key Replacement, Consumables, Sub Total Add-on Coverages, Net own Damage Premium (A).

Table with sections: Nominee Details, Payment Details, POS Name. Includes fields for Nominee Name, Age, Relation, Payment Method, Cheque No./Transaction No., Bank Name, Amount, 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 Rs1lac, 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 OJC endorsements mentioned herein above which are available on company's website: www.orientalinsurance.org.in or on demand from the policy issuing office. 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. In witness whereof the undersigned being authorised by and on behalf of the company has/have herein to set his/his hands at 252400 on 06-FEB-25

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) Race Making (5) Speed testing (6) Reliability trials (7) 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 the 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/45%, preceding five consecutive years/50% of 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: 6595258MD श्री दुर्गा आर्टो सेल्स
Approved On: 06-FEB-25 पिपरिया धनी-खीरी
Place: MKT मोबा-7307362300
Printed On: 06-FEB-25 9415559514, 9839451291



बीमा एक साल के लिए 1st पार्टी और 4 साल का 3rd पार्टी के लिए मान्य है।
श्री दुर्गा आर्टो सेल्स, पिपरिया धनी-खीरी



GOVERNMENT OF UTTAR PRADESH

Transport Department LAKHIMPUR KHERI

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP31CK1714 Registration Date : 11-Feb-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 : VIVEK SRIVASTAVA Son/wife/daughter of : OMKAR
 Full Address: (Permanent) : MOHALLA- ARJUN PURWA, POST-LAKHIMPUR, PS- LAKHIMPUR, KHERI, UTTAR PRADESH-262701
 Full Address: (Temporary) : MOHALLA- ARJUN PURWA, POST-LAKHIMPUR, PS- LAKHIMPUR, KHERI-UTTAR PRADESH-262701

Fitness UpTo : 10-Feb-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 : AA2120939472 Rear HSRP No : AA2120645760
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 05/2024
 No of Cylinders : 1 Chassis No : MBLJAW408RGE16903
 Engine No : JA07AMRGE13480 Fuel : PETROL
 Horse Power(BHP) : 10.72 Cubic Capacity : 124.70
 Maker's Classification : SUPER SPLENDOR XTEC D Wheel base : 1267
 R
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper 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 w.e.f. .

Purchase dt : 06-Feb-2025 Sale Amt : 82461/-
 OTT Date : 06-Feb-2025 Amount/Rcpt No : 8247 / UP31D25020001559
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 14-Feb-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 11-Feb-2025 to 10-Feb-2040

Date : 19-Mar-2025 17:21:16

Taxation Particulars / Advance Registration Mark Fee Details

पंजीयन अधिकारी
 मोती लाल मिश्रा
 लखीमपुर-खेरी
 Signature of Registering Authority
 Date: 19-Mar-2025

Q 2471233

Indian Union Driving Licence
Issued by Uttar Pradesh

UP31 20190011096

Issue Date: 17-09-2019 Validity (NT): 12-09-2036 Validity (TR):

Name: **AJAY KUMAR** Holder's Signature: _____

Date of Birth: 13-09-1996 Blood Group: _____ Organ Donor: **N**

Son/Daughter/Wife of: **LAXMI NARAYAN**

Address:
**VILL ANAKOTAVA CHORAHA PS GOLA,
 LAKHIMPUR, KHERI UP 262701**

Date of First Issue: 17-09-2019

DL No: **UP31 20190011096**

Invalid Carriage (Regn Numbers): _____
 Hill Validity: _____
 Hazardous Validity: _____

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date
LMV	UP31	UP31	17-09-2019	NT		
MV						
MSD						

Emergency Contact Number: _____

QR Code

अजय कुमार
 20107405076



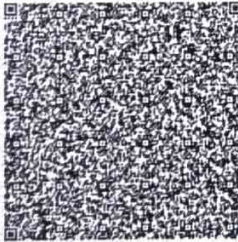
भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 2728/10442/36283

To
विवेक श्रीवास्तव
Vivek Srivastava
C/O: Omkar,
Mohalla Arjunpurwa,
VTC: Lakhimpur,
PO: Kheri,
Sub District: Lakhimpur,
District: Kheri,
State: Uttar Pradesh,
PIN Code: 262701,
Mobile: 6307611498

Signature Not Verified
Digitally signed by Vivek Srivastava
DN: cn=Vivek Srivastava, o=Unique Identification Authority of India
Date: 2025.02.09 13:48:30
+05'30'



आपका आधार क्रमांक / Your Aadhaar No. :

8418 4274 0868

VID : 9109 8276 7772 5277

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



Aadhaar no. Issued: 03/01/2014



विवेक श्रीवास्तव
Vivek Srivastava
जन्म तिथि/DOB: 19/04/2005
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतियि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफलाइन एक्सएमएल की 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).

8418 4274 0868

मेरा आधार, मेरी पहचान



Government of India



सूचना / INFORMATION

- आधार पहचान का प्रमाण है, नागरिकता या जन्मतियि का नहीं। जन्मतियि आधार नंबर धारक द्वारा प्रस्तुत सूचना और विनियमों में विनिर्दिष्ट जन्मतियि के प्रमाण के दस्तावेज पर आधारित है।
- इस आधार पत्र को यूआईडीएआई द्वारा नियुक्त प्रमाणीकरण एजेंसी के जरिए ऑनलाइन प्रमाणीकरण के द्वारा सत्यापित किया जाना चाहिए या ऐप स्टोर में उपलब्ध एमआधार या आधार क्यूआर कोड स्कैनर ऐप से क्यूआर कोड को स्कैन करके या www.uidai.gov.in पर उपलब्ध सुरक्षित क्यूआर कोड रीडर का उपयोग करके सत्यापित किया जाना चाहिए।
- आधार विशिष्ट और सुरक्षित है।
- पहचान और पते के समर्थन में दस्तावेजों को आधार के लिए नामांकन की तारीख से प्रत्येक 10 वर्ष में कम से कम एक बार आधार में अपडेट कराना चाहिए।
- आधार विभिन्न सरकारी और गैर-सरकारी फायदों/सेवाओं का लाभ लेने में सहायता करता है।
- आधार में अपना मोबाइल नंबर और ईमेल आईडी अपडेट रखें।
- आधार सेवाओं का लाभ लेने के लिए एमआधार ऐप डाउनलोड करें।
- आधार/बायोमेट्रिक्स का उपयोग न करने के समय सुरक्षा सुनिश्चित करने के लिए आधार/बायोमेट्रिक्स लॉक/अनलॉक सुविधा का उपयोग करें।
- आधार की मांग करने वाले सहमति लेने के लिए बाध्य हैं।
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on www.uidai.gov.in.
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.



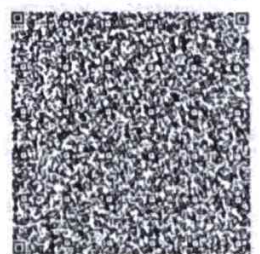
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
द्वारा: ओमकार, मोहल्ला अर्जुनपुरवा, लखीमपुर, खीरी, खीरी,
उत्तर प्रदेश - 262701

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Details as on: 06/02/2025



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