

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-1225-728	Date	30-12-2025
Customer Name	MADHURAM ...	Contact No.	8542910825
VIN	MBLHAW225RHK15373	Model	SPLENDOR +
Insurance Company		Reg No.	UP31CJ6361
HMCGL Card No	1073024550003089	HMCGL Card Category	Gold

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	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
2	83410KWHHY0S -FR VISOR	87141090	Paid	937.29	1	9.00	9.00	0.00	0.00	0.00	0.00	1,106.00
3	33100KCC710AS -LIGHT ASSY.HEAD (W/O BULB)	85122010	Paid	444.92	1	9.00	9.00	0.00	0.00	0.00	0.00	525.00
4	33400KCC710S -WINKER ASSY R FR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
5	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
6	K50506KCCA900RS -KIT STEP	87141090	Paid	190.68	1	9.00	9.00	0.00	0.00	0.00	0.00	225.00
7	53175KCC840S -LEVER R STRG. HANDLE	87141090	Paid	75.42	1	9.00	9.00	0.00	0.00	0.00	0.00	89.00
8	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
9	53200KCC690S -STEM COMP STRG	87141090	Paid	726.27	1	9.00	9.00	0.00	0.00	0.00	0.00	857.00
10	51410KTC901S -PIPE COMP.FR.FORK	87141090	Paid	859.32	2	9.00	9.00	0.00	0.00	0.00	0.00	2,028.00
11	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
12	18355AAE300S -COVER MUFFLER	87141090	Paid	401.69	1	9.00	9.00	0.00	0.00	0.00	0.00	474.00
13	17500AAEH00ZBS -FUEL TANK-BLACK (NH-1 (TYPE-2))	87141090	Paid	5,000.00	1	9.00	9.00	0.00	0.00	0.00	0.00	5,900.00
Parts Total											0.00	14,067.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR +	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	14,067.00
Labour Total	2,000.10
SGST (Parts) 9%	1,072.91
CGST (Parts) 9%	1,072.91
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
Total	16,067.10

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड
Meerut

Sir / महोदय,

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

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.	MADHURAM, 8542910825
2	Vehicle No. / वाहन संख्या	UP31CJ6361
3	Policy No. / पालिसी संख्या	252400/31/2025/74939
4	Period of Insurance / बीमा अवधि	01/01/2025 से 31/12/2025
5	Date of loss & Time / दुर्घटना का दिनांक & समय	24/12/2025, 10:00 AM
6	Place of Accident / दुर्घटना का स्थान	औपल ब्रिज के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SARVESH KUMAR JAISWAL UP3120160006016, 8542910825
8	Estimated Loss / अनुमानित हानि	
9	Cause of Accident / दुर्घटना का कारण : औपल से हरगांव जा रहे थे तभी अचानक औपल ब्रिज के पास सामने से मोटर साइकिल से टक्कर हो गई। घिल्ले भरी गाड़ी दायीं ओर गिरकर त्तलित्तल 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 / फोन नं.	MOSARAM AUTO SALES, LRP ROAD LAKHIMPUR KHERI, 9151154036

Date / दिनांक : 26/12/2025
हस्ताक्षर

मधुराम
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. 252400/31/2025/74939

Tel. No.

Period of Insurance 01/01/25 to 31/12/25
 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 : MADHURAM
 (b) Address for correspondence NO : PAHAD KHA PURAVA DEAL, KHERI, PS-KHERI
 (c) Telephone : 8542910825

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>HA11E7RHK33264</u> Chassis No. <u>MBLHAW25RAKIS373</u>	Registration No. <u>UP31CJ</u> <u>6361</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 : SARVESH KUMAR JAISWAL
 (b) Age : 10/08/1991
 (c) Address : VILL: PAHAR KHAN PURWA PO- OELTHANA KHERI, LMP
 (d) Is the Driver
 1. Owner : No
 2. paid driver? : No
 3. Owner's relative or friend? : BHAI
 (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 20160006016
 (h) Issuing Authority : 14/07/2016
 (i) Date of Expiry : 13/07/2036
 (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 : 24/12/2025, 10:00 AM
 (b) Place : ओपन बिल्डिंग के पास
 (c) Speed of vehicle at the time of accident : 30-40
 (d) Give a short description of the accident : ओपन बिल्डिंग के पास सामने से मोटर साइकिल से टक्कर लगी
 (e) If any third party was responsible for this accident give the name and address : मिलने मेरी गाड़ी चोरी और बिरफा लक्ष्मण सिंह

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT / RIGHT
 (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 : N/A
 (e) Full details of property damaged :
 (f) Has notice of any claim been given to you? :

CERTIFICATE OF REGISTRATION

Registration Date

02 Dec 2005

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : _____ N/A
- (b) If yes, give full details : _____

9. WITNESS

- (a) Give names and addresses of passengers/other Witness, if any : _____
- (b) Did a Police Constable take particulars of The accident? : _____ N/A
- (c) Was accident reported to Police? If not, Why? : _____
- (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 Police 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 26/12/2005

Signature of the insured

मधुसिंह

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. UP31CT6361 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 HEETH
Occupation
Address
.....
.....
Bank Account Number
Name of the Bank



CERTIFICATE OF REGISTRATION

Registration No : UP31CJ6361 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 : MADHURAM Son/wife/daughter of : SRI GAJRAJ
 Full Address: (Permanent) : R/O PAHAD KHA PURAVA OEAL, KHERI OEL, PS- KHERI, KHERI, UTTAR PRADESH-262725
 Full Address: (Temporary) : R/O PAHAD KHA PURAVA OEAL, KHERI OEL, PS- KHERI, KHERI-UTTAR PRADESH-262725
 Fitness UpTo : 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 : AA2117953386 Rear HSRP No : AA2118187075
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 10/2024
 No of Cylinders : 1 Chassis No : MBLHAW225RHK15373
 Engine No : HA11E7RHK33264 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ 13S (DRS) Wheel base : 1236
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 111
 Colour : MATT GREY Laden/GV Wt (kgs) : 241
 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 : 01-Jan-2025 Sale Amt : 79366/-
 OTT Date : 01-Jan-2025 Amount/Rcpt No : 7937 / UP31D25010000606
 Vehicle is Govt./ Pvt. : PRIVATE 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 10:39:27

Taxation Particulars Advance Registration Mark Fee Details

Handwritten signature: H. G. R. H.

Signature of Registering Authority

Date : 22-Jan-2025



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: 09AAACT06274471)		Policy Issued On	01-JAN-25
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-5 Years)	Proposal No. & Date	R/252400/31/2025/94763113/67 & 01-JAN-2025
Policy No	252400/31/2025-74939	Policy Period (OWN DAMAGE)	FROM 16:46 ON 01/01/2025 TO MIDNIGHT OF 31/12/2025
Agent/Broker Code	BA000155144	Policy Period (LIABILITY)	FROM 16:46 ON 01/01/2025 TO MIDNIGHT OF 31/12/2029
Agent/Broker Name	ABHINAV BHATI	Lead/Broker No	/0
Insured Name	MADHURAM (GSTIN: 0)	Insured State	UTTAR PRADESH
Insured Address	S/O SRI GAJRAJ, R/O PAHAD KHA PURAVA, OEAL, KHERI, OEL, PS- KHERI, LAKHIMPUR KHERI, NA.		

INSURED MOTOR VEHICLE DETAILS	
Make	HERO MOTOCORP
Model & Variant	HERO SPLENDOR PLUS FI
Registration No	NEW
Year Of Manufacture	2025
Engine-Chassis No	HAI1E7RHK33264 - MBLHAW225RIIK15373
Cubic Capacity	100
Seating Capacity	1 + 1
Type Of Body	SOLO
Type Of Fuel	PETROL
RTO Location	

INSURED DECLARED VALUE (IDV) (In Rs.)	
Vehicle	75398
Electrical Accessories	0
Non Electrical Accessories	0
Total IDV	75398
TMF CONTRACT NO	
Policy Type	Zone B - Rest of India
Geographical Area	IND

Schedule Of Premium (Amount in Rs.)	
OWN DAMAGE SECTION(A)	
Vehicle	1263.67
Elec Accessories	0
Non-Elec Accessories	0
Basic Premium	189.67
Geographical Area Extn (IMT-1)	0
Driving Tuition Loading On OD Premium (60%)	0
Sub-Total Additions	0
Deductibles	
Voluntary Deductibles (IMT 22A)	0
Anti-Theft Device (IMT-10)	0
AAI Membership (IMT-8)	0
No Claim Bonus	0
Discount for vehicle designed for handicapped	0
SIP Discount	0
Sub -Total Deductibles	0
Add-On Coverages	
NIL Depreciation	0
Return to Insured	0
Key Replacement	0
Consumables	0
Sub Total Add-on Coverages	0
Net own Damage Premium(A)	190
LIABILITY SECTION (B)	
Basic Third Party Liability	3851
Compulsory PA Cover Premium	0
PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Legal Liability (WC) to driver (IMT-28)	0
Legal Liability to Employees (IMT-29)	0
Legal Liability to Passenger (IMT-46)	0
Driving Tuition Loading On TP Premium (60%)	NA
PA Paid Driver, Conductor, Cleaner-GR36B3	0
Net Liability Premium (B)	3851
Total Premium (A+B)	4041
GST	728
SERVIC TAX	0
ST/ MPE JTY	0.00
Swachh Bharat Cess@0.50%	0
Krishi Kalyan Cess@0.50%	0
Gross Premium Paid	4769

- Note:
1. Policy Issuance is the subject to the realization 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:		Nominee Name	Age	Relation
Payment Details:		Payment Method	Cheque No./Transaction No.	Bank Name
Financer Type:		Financer Name	Financer Branch	Amount
POS Name	NA	POS ID	POS PAN NO/Aadhar No	4769

In the event of a claim under the policy exceeding Rs 1 lac, 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: 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.

We hereby certify that the policy to which this 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/their hands at 252400 on 01-JAN-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 MV 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 baggage) (3) Organized racing (4) Pace Making (5) Speed testing (6) Reliability trials (7) Any Purpose in connection with motor trade.

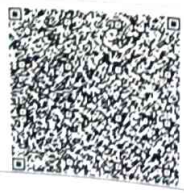
Driver's Clause: Any person including the insured Provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective learner's license may also drive vehicle & 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 1998 Under Section II-1 (ii) of the policy - Damage to third party property as Rs 7.5 lakhs PA Cover under section III for owner- Driver is Rs 5 lakhs

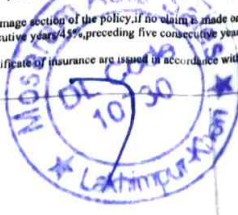
No Claim bonus: The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy, if no claim is made or pending during the preceding year(s), as per the. The preceding year/20%, preceding two consecutive years/25%, preceding three consecutive years/35%, preceding five consecutive 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

We hereby certify that the policy to which this certificate relates as well as this 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: VAIS@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



GOVERNMENT OF UTTAR PRADESH

Transport Department LAKHIMPUR KHERI
FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP31CJ6361
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : MUSA RAM AUTO SALES. L R P ROAD, LAKHIMPUR KHERI, 153-262701
 Owner Name : MADHURAM
 Full Address: (Permanent) : R/O PAHAD KHA PURAVA OEAL, KHERI OEL, PS- KHERI, KHERI, UTTAR PRADESH-262725
 Full Address: (Temporary) : R/O PAHAD KHA PURAVA OEAL, KHERI OEL, PS- KHERI, KHERI-UTTAR PRADESH-262725
 Fitness Up To : 02-Jan-2040
 Detailed Description : M-CYCLE/SCOOTER
 Class of Vehicle : INDIVIDUAL
 Ownership : HERO MOTOCORP LTD
 Maker's Name : AA2117953386
 Front HSRP No : SOLO WITH PILLION
 Type of Body : 1
 No of Cylinders : HA11E7RHK33264
 Engine No : 7.91
 Horse Power(BHP) : SPLENDOR+ I3S (DRS)
 Maker's Classification : 2
 Seating Cap(in all) : 0
 Sleeper Cap : MATT GREY
 Colour :
 Other Criteria : Fully Built
 Vehicle Purchase As

Registration Date : 03-Jan-2025
 Purpose For Printing RC : NEW
 Son/wife/daughter of : SRI GAJRAJ

Owner Serial No : 1
 Link Vehicle No :
 Norms : BHARAT STAGE VI

Rear HSRP No : AA2118187075
 Month/Year of Manuf. : 10/2024
 Chassis No : MBLHAW225RHK15373
 Fuel : PETROL
 Cubic Capacity : 97.20
 Wheel base : 1236
 Standing Cap : 0
 Unladen Wt (kgs) : 111
 Laden/GV Wt (kgs) : 241
 AC Fitted : NO

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight) As Regd.

By Manuf.	Description	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 : 01-Jan-2025
 OTT Date : 01-Jan-2025
 Vehicle is Govt./ Pvt. : PRIVATE
 Date of Approval : 11-Jan-2025

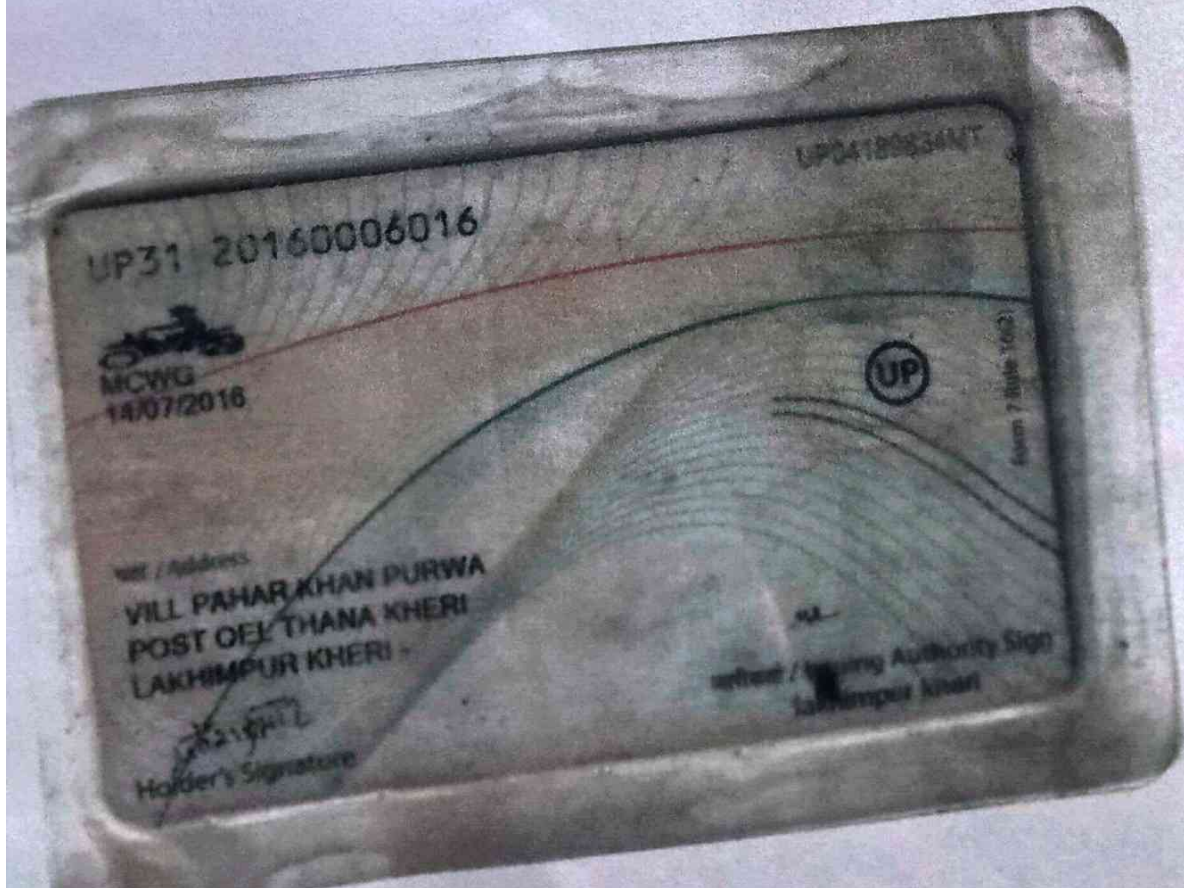
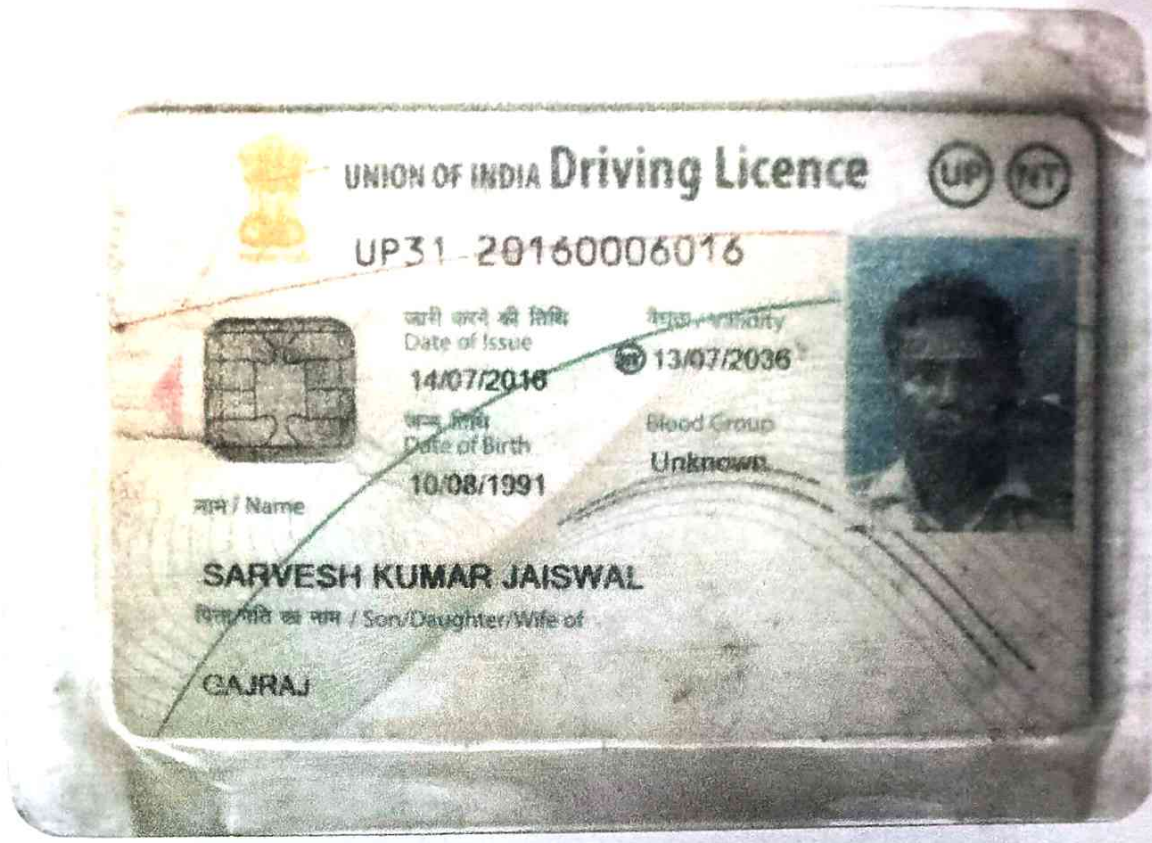
Sale Amt : 79366/-
 Amount/Rcpt No : 7937 / UP31025010000608
 Tax Exempted or Not : NOT EXEMPTED

Other State/Transfer/Conversion/Reassign Details :
 Previous Owner :
 Old State :
 Transfer Date :
 Previous RegNo :
 Entry Date :
 Conversion Date :

This certificate is valid from 03-Jan-2025 to 02-Jan-2040

Signature of Registering Authority :
 Date : 22-Jan-2025

Date : 22-Jan-2025 10:39:27
 Taxation Particulars / Advance Registration Mark Fee Details





भारत सरकार
Government of India



मधुराम
Madhuranam
जन्म तिथि DOB 01/01/1995
पुरुष Male



7923 0703 0524

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
आत्मज: गजराज, पहाड खॉ पुरवा,
ओयल, खीरी, ओएल, उत्तर प्रदेश,
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Oeal, Kheri, Oel, Uttar Pradesh,
262725

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1800 300 1947

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मधुराम

आयकर विभाग
INCOME TAX DEPARTMENT

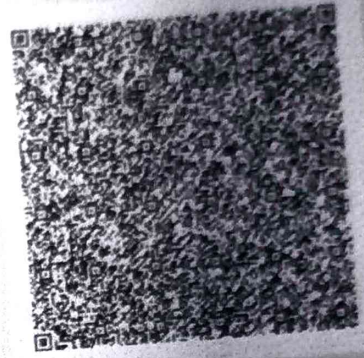


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

GABPM9816B



नाम / Name
MADHURAM

पिता का नाम / Father's Name
GAJRAJ

जन्म की तारीख /
Date of Birth
01/01/1995

मधुराम
हस्ताक्षर / Signature

02032020