

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria
 Mob. - 9415383539, 9336531183

ESTIMATE

Owner's Name: ANKIT VERMA
 Address: DEORIA
 Phone: 7052309099

Job No.
 Date: 02/01/2025
 Chasis No.
 Engine No.
 Key No.
 Regn. No. UP52CE1762
 Speedmeter Redg.
 Insurance No.
 Model: SPL+XTEC

Dear Sir,

Here Under we are forwarding our estimate for your acceptance, Please sign and return copy to us so that we may take up the work in hand.

S. No.	Details of Job	Qty.	Rate	Amount Rs.	P.
1	VIBAC-	1P	1100	1100	
2	HIL	1R	3000	3000	
3	F-Fender-	1R	1500	1500	
4	LIVAC-R.	1R	100	100	
5	F-Winker-R.	1R	250	250	
6	Handle-	1R	500	500	
7	Mirror-R.	1S	150	150	
8	Lay. Gravel.	1S	675	675	
9	Foot Rest-R.	1R	235	235	
10	Rack Padded-R.R.	1R	850	850	
11	R.R. Fork-R.	1S	1100	1100	
12	F-Fork. L&R Paper	-	-	550	
13					
14					
15					
16	LABOUR			600	
17					
18					
19					
20					
21					
22					
23					
24					
25					
TOTAL				10610	

- Note:
1. If required, labour for above material shall be charged extra.
 2. Price of parts are subject to change without notice.
 3. VEHICLE DELIVERY AGAINST PAYMENT ONLY.
 4. All Disputes Subject to Deoria Jurisdiction only.

We agree with the conditions and approve the estimate.

Customer's Signature.....

For: **Ganpati Automobiles**
 Opp. Dr. G. N. Gupta
 DEORIA
 Mob. 779400472
 Authorised Signatory

To / सेवा में,
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.	ANKIT VERMA. 7052309094
2	Vehicle No. / वाहन संख्या	UP52CE1762
3	Policy No. / पालिसी संख्या	
4	Period of Insurance / बीमा अवधि	11/02/2025-10/02/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	28/12/2025 - Time: 7:00 pm.
6	Place of Accident / दुर्घटना का स्थान	खुखुदू चौराहा (देवरिया)
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	ANKIT VERMA. UP5220250018216, 7052309094,
8	Estimated Loss / अनुमानित हानि	10610/-
09.	Cause of Accident / दुर्घटना का कारण:	खुखुदू चौराहा से देवरिया आ रहे थे और खुखुदू चौराहा पर लागते सड़क पर कुत्ता आ गया था जिसके बचाने के चक्र में घेरी जाती दाहिने साइड कीर करवाति प्रस्त हो गई।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA.
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA.
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	LANHARA R.P.O. MOBILE: 060801A.

Date / दिनांक :
हस्ताक्षर

02/01/2026
अंकित वर्मा

Signature of Insured / बीमाधारक के

अंकित वर्मा

To / सेवा में,
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.	ANKIT VERMA 7052309094
2	Vehicle No. / वाहन संख्या	UP52CE1762
3	Policy No. / पालिसी संख्या	
4	Period of Insurance / बीमा अवधि	11/02/2025-10/02/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	28/12/2025 - Time: 1:00 pm.
6	Place of Accident / दुर्घटना का स्थान	खुरखुदू चौराहा (देवरिया)
7	Name of the Driver, D L No. & Mobile No / डाईवर का नाम, डी एल नं. & मोबाइल नं	ANKIT VERMA UP5220250018216, 7052309094,
8	Estimated Loss / अनुमानित हानि	10610/-
09.	Cause of Accident / दुर्घटना का कारण :	सलेमपुर से देवरिया आ रहे थे। रास्ते में खुरखुदू चौराहा पर सामने सड़क पर कुत्ता आ गया था जिसके बचाने के चक्रम में मेरी गाड़ी दाहिने साइड गिर कर काबू में हो गई।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA.
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA.
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	LIAMARA APT. MOBI (E. DEORA)

Date / दिनांक :
हस्ताक्षर

02/01/2026
आंकित वर्मा

Signature of Insured / बीमाधारक के

आंकित वर्मा



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 _____
 Tel. No. _____

Certificate/Policy No. _____
 Period of Insurance 11/02/2025-26.10/02/2026
 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 ANKIT VERMA
 (b) Address for correspondence BHUTALI CONOMY, DEORIA, C.P.
 (c) Telephone _____

2. THE INSURED VEHICLE

Make & Year <u>HERO 2025</u>	Engine No <u>X 20041</u> Chassis No <u>X 16468</u>	Registration No <u>UPS2CE 1762</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? PERSONAL USE
 (c) Was trailer attached?
 (d) If a Motor Cycle/scooter NA
 1. Was a side-car attached NA
 2. Was a pillion rider carried NA

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 _____ NA
 (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 _____



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name ANKIT VERMA.
 (b) Age 29/05/1999
 (c) Address BHUSAWAL COLONY, DEORIA (U.P.)
 (d) Is the Driver
 1 Owner YES
 2 paid driver?
 3 Owner's relative or friend? OWNER.
 (e) If paid driver, how long has he been in your employment NA.
 (f) Was he under the influence of intoxication Liquor or drugs? NA.
 (g) Driving Licence Number UP5220250018216
 (h) Issuing Authority
 (i) Date of Expiry 28/05/2037
 (j) Was the licence temporary/permanent PERMANENT
 (k) Details of endorsement/suspension, if any NA
 (l) Has he been involved in any accident before? NA
 (m) Has he been charged by the policy? If so, Why? NA

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

(a) Date and Time 28/12/2025 5 KM Time 7:00 pm
 (b) Place रायपुर से देविया खान्हे के रास्ते में खुसूम
 (c) Speed of vehicle at the time of accident ना
 (d) Give a short description of the accident बूनाक के रोड में गरी गाड़ी लेना गाड़ी लिहाको के शक्ति अस्त हो गयी
 (e) If any third party was responsible for this accident give the name and address

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage AS PER ESTIMATE
 (b) Estimated cost of repairs 10000
 (c) When and where can the damaged vehicle be inspected GANPATI AUTO MOBILE. DEORIA

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?

NA

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? N/A
(e) By whom discovered and reported? _____
(f) Has theft been reported to Police? _____
(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 02/01/2025 200

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. _____ 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
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

Customer's Signature

Authorised Signatory

GOVERNMENT OF UTTAR PRADESH
Transport Department DEORIA
FORM 23
CERTIFICATE OF REGISTRATION

Registration No	: UP52CE1762	Registration Date	: 15-Feb-2025
Description of Vehicle	: M-CYCLE/SCOOTER	Purpose For Printing RC	: NEW
Dealer's Name & Address	: GANPATI AUTOMOBILES (D) PURWA CHAURAHA GKP ROAD DEORIA 190-274001	Son/wife/daughter of	: DHEERAJ VERMA
Owner Name	: ANKIT VERMA	Full Address (Permanent)	: VILL- BHUJAUJI COLONY, PO+PS- DEORIA, DEORIA, UTTAR PRADESH 274001
Full Address (Permanent)	: VILL- BHUJAUJI COLONY, PO+PS- DEORIA, DEORIA, UTTAR PRADESH 274001	Full Address (Temporary)	: VILL- BHUJAUJI COLONY, PO+PS- DEORIA, DEORIA, UTTAR PRADESH 274001
Full Address (Temporary)	: VILL- BHUJAUJI COLONY, PO+PS- DEORIA, DEORIA, UTTAR PRADESH 274001	Fitness UpTo	: 14-Feb-2040
Fitness UpTo	: 14-Feb-2040	Owner Serial No	: 1
Detailed Description		Link Vehicle No	:
Class of Vehicle	: M-CYCLE/SCOOTER	Norms	: BHARAT STAGE VI
Ownership	: INDIVIDUAL	Rear HSRP No	: AA2118217800
Maker's Name	: HERO MOTOCORP LTD	Month/Year of Manuf.	: 01/2025
Front HSRP No	: AA2120215418	Chassis No	: MBLHAW401SHA16468
Type of Body	: SOLO WITH PILLION	Fuel	: PETROL
No. of Axles	: 1	Cubic Capacity	: 97.20
Engine No.	: HA11F1SHA20041	Wheel base	: 1235
Horse Power(BHP)	: 7.91	Standing Cap	: 0
Maker's Classification	: SPLENDOR+ XTEC 2.0	Unladen Wt (kgs)	: 112
Seating Cap(in all)	: 2	Laden/GV Wt (kgs)	: 242
Sleeper Cap	: 0	AC Fitted	: NO
Colour	: Black Heavy Grey		
Other Criteria	:		
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, DEORIA, Deoria, Uttar Pradesh-274001 w.e.f. 13-Feb-2025.

Purchase dt	: 11-Feb-2025	Sale Amt	: 84351/-
OTT Date	: 11-Feb-2025	Amount/Rcpt No	: 8436 / UP52D25020001692
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 18-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 15-Feb-2025 to 14-Feb-2040

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date 04-Mar-2025

Q 2013048

Customer's Signature

Authorised Signatory



2025-02-11

Mr./Ms. ANKIT VERMA
VILL-BHUJAULI COLONY
DEORIA, Uttar Pradesh, 274001

Dear Mr./Ms. ANKIT VERMA,

It is indeed our pleasure to bring you on-board. We value your support and contribution to our business, and we trust that your experience with our business will bring you the utmost satisfaction.

We shall be assisting you with all the necessary contact details and resources needed to effectively communicate with our business. Your transcript of proposal is attached and your policy is getting issued with insurer, please feel free to contact us if you have any comments or queries.

We are committed to delivering responsive and excellent service to all our customers. We are pleased to serve you with the highest quality Services. Our customer's satisfaction is the most important part of our business, and we work hard to ensure our customers feel valued and heard. With the help of our award-winning customer service team, we will ensure you receive real-time solutions and quality products every time.

In case you have to initiate a claim, please contact us at phone no: +91 7941050643 or email: info@motorsathi.com or visit our website at www.motorsathi.org or download Motorsathi app from play store for guidance from Motorsathi.

Mr./Ms. ANKIT VERMA, thank you for again for choosing to do business with us. We are grateful for the opportunity to assist you and will work tirelessly to provide our services to you.

We can be reached everyday during 9AM to 7PM at:

Phone No: +91 7941050643
Email: info@motorsathi.com
Website: www.motorsathi.org



Handwritten text in Hindi: "गैर लाभ के लिए है।" and "पाटे बोर्ड"



Please scan the QR for details.

Customer's Signature.....

Authorised Signatory

Certificate of Services

Care & Servicing Office: Motor Sathi Care Private Limited, B.Dass Compound
AV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh
Uttar Pradesh, (202001) Certificate Number: INCP00405069

For Assistance, Please contact us at: Toll Free Number
79410506431 Email ID: info@motorsathi.com

Policy Certificate Number: INCP00405069

Name of Certificate Holder: ANKIT VERMA

Mobile: 8896127056

Address: VILL-BHUJALI COLONY, DEORIA, DEORIA

State: Uttar Pradesh

IDV: 80133.45

Vehicle Registration Number New

Model: SPLENDOR PLUS

Engine Number: HA11F1SHA20041

Acknowledgement No: MS/2025/E.405069

Period of Coverage(MS): 2025-02-11 - 2026-02-10 MIDNIGHT

DOB: 1997-05-29

Period of Coverage(I): 2025-02-11 - 2026-02-10 MIDNIGHT

City / District: DEORIA

Pincode: 274001

Manufacturing Year: 2025

Vehicle Manufacturer: HERO MOTOCORP

Variant: XTEC 2.0

Chassis Number: MBLHAW401SHA*6468

Personal Accident Insurance Amount: 15,00,000

Drive Assure

S.No	Featured Benefits	Description	TW
1	Relief of urgent messages	Pass on message to Riders friends, family	Yes
2	Doctor Referral	Giving the contact details of nearest doctor to Rider	Yes
3	Vehicle Breakdown- Phone Support	Guiding the Rider on phone about vehicle related problems	Yes
4	On Site Minor Repair	Arranging for a mechanic to do minor repairs on the spot	Yes
5	Replacement of Keys	Arrange for pick-up and delivery of duplicate keys from Rider residence	Yes
6	Lost Keys	Arrange for a locksmith or a technician to open the lock	Yes
7	Fuel Delivery	Arrange for fuel delivery in case vehicle is out of fuel (Fuel cost on actual basis)	Yes
8	Wrong Fueling	Arrange for tank cleaning or towing in case of wrong fueling	Yes
9	Flat tyre Support	Arrange for technician to change the tyre or get it repaired. Material/spare parts if required to repair the Vehicle (including repair of flat spare stepney tyre) will be borne by the Insured. In case the spare tyre is not available in the covered Vehicle, the flat tyre will be taken to the nearest flat tyre repair shop for repairs and re-attached to the Vehicle. All incidental charges for the same shall be borne by the Insured	Yes
10	Battery Jump-Start	A technician to be arranged for battery jumpstart	Yes
11	Taxi Assistance	Arrange for taxi on Rider's driver's request irrespective of breakdown location	Yes
12	Hotel Assistance	Arrange for Hotel on Rider's driver's request	Yes
13	Medical Assistance	Arranging for an ambulance/ hospital for Rider	Yes
14	Vehicle Custody Services	Take custody of vehicle in case Rider cannot attend the vehicle	Yes
15	Programme Start Date	For renewal cases, the date of commencement of coverage under the program. The program start date will be after 7 days from the program purchase date	After 7 Days
16	Number of Services	Proposed Number of Service	4

Special Conditions (applicable to all coverages): (a) All additional expenses regarding replacement of a part, additional Fuel and any other service which does not form a part of the standard services provided would be on chargeable basis to the insured. (b) This Certificate is valid subject to realisation of the payment and is effective from the Payment realisation date or certificate issue date, whichever is later

Accidental Hospital Daily Cash

AHDC Benefit: Fixed amount per day of hospitalisation in direct connection with above mentioned vehicle of which he / she is registered owner and whilst driving or whilst travelling in it as a co-driver, caused by violent accidental external and visible means up to a maximum number of 10 days in a policy year. Multiple claims during the policy year up to a maximum of 10 days. Entry Age: Minimum 18 Years to 65 years. To avail "Accidental Hospital Daily Cash" benefit minimum 24 hours hospitalisation is mandatory

Coverage Amount - Rs 1000 per day

Maximum Number of days - 10

For AHDC Support, Please reach out: Motor Sathi Services Private Limited, Website: www.motorsathi.com, Email: care@motorsathi.com, Contact Number +91 7941050643

Doctor On Call

To get above doctor on call/chat benefits, whatsapp "EXPERIENCE DOC" @ +91-7941050643 from your registered mobile

#	Plan Amount	CGST (9%)	SGST (9%)	IGST (18%)	Total Amount
MB Services	450	40.5	40.5	-	531
Allied Services	1831.84	164.87	164.87	-	2162

Personal Accident Cover Details

Name of Certificate Holder: ANKIT VERMA

Period of Insurance: 2025-02-11 (17:40 HRS) - 2026-02-10 MIDNIGHT

Nominee Name: SANJU VERMA

Nominee Relationship: MOTHER

Nominee Gender: Female

Nominee Age: 50 Years

Special Conditions: 1) Per individual SI is fixed Rs. 15 Lakh. 2) Age Band - 18 to 70 yrs. 3) Accidental Death (AD) - Covers Death due to Accident only. 4) We shall pay compensation for death, in direct connection with the vehicle cover for above Assistance Certificate and of which he / she is registered owner or whilst driving such registered vehicle or whilst travelling in it as a co-driver, caused by violent accidental external and visible means which independent of any other cause shall within six calendar months of such injury result in Death 100% CSI. 5) No compensation shall be payable in respect of death or bodily injury directly or indirectly wholly or in part arising or resulting from or traceable to - (a) Intentional self injury suicide or attempted suicide physical defect or infirmity or (b) An accident happening whilst such person is under the influence of intoxicating liquor or drugs. (B) Such compensation shall be payable directly to his/her legal representatives. 6) This cover is subject to - (a) The Insured is the registered owner of the vehicle and has direct connection with his / her death. (b) The Insured holds a valid and effective driving licence, in accordance with the provisions of Section 3 of Motor Vehicle Act, 1988 at the time of the accident. 7) Any form of Nuclear, Chemical and biological Terrorism is excluded. 8) Scope of Cover - 24 Hrs, Within India only. All disputes arising out of or in connection with this agreement shall be subject to the exclusive jurisdiction of the courts at Aligarh.





Indian Union Driving Licence
Issued by Uttar Pradesh

UP

UP52 20250018216



Issue Date Validity (NT) Validity (TR)*
 27-09-2025 28-05-2037



Holder's Signature

Name: **ANKIT VERMA**
 Date of Birth: **29-05-1997** Blood Group: Organ Donor: **N**
 Son/Daughter/Wife of: **DHEERAJ VERMA**

Address:
**WARD No 13 HOUSE No 1013 BHUJALI
 COLONY DEORIA DEORIA UTTAR PRADESH
 274001**

Date of First Issue

DL No: UP52 20250018216

UPDL521000033032



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	UP52	UP52	27-09-2025	NT			
LMV	UP52	UP52	27-09-2025	NT			
MVSO							

Form 7 Rule 16(2)

Emergency Contact Number

7651847658

Licensing Authority
UP52 DEORIA

Customer's Signature

Authorised Signatory

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

BFAPV6969R

नाम / Name
ANKIT VERMA

पिता का नाम / Father's Name
DHEERAJ VERMA

जन्म की तारीख / Date of Birth
29/05/1997

अंकित वर्मा
हस्ताक्षर / Signature



03052017





भारत सरकार
Government of India



Issue Date: 21/10/2011



अंकित वर्मा
Ankit Verma
जन्म तिथि/DOB: 29/05/1997
पुरुष/ MALE

9843 0307 3804

VID : 9116 7143 0549 8934

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Download Date: 01/08/2012

वर्मा
S/O धीरज वर्मा, वार्ड नं० १३ हउस न० १०१३, भुजौली
कोलोनी, देरिया, देरिया,
उत्तर प्रदेश - 274001

Address:
S/O Dheeraj Verma, ward n0 13 HOUSE n0
1013, BHOLAULI colony, Deoria, Deoria,
Uttar Pradesh - 274001



9843 0307 3804

VID : 9116 7143 0549 8934



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