

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-0126-750
 Customer Name AJY KUMAR ..
 VIN MBLJAW399S9A00806
 Insurance Company
 HMCGL Card No 1073024880004463

Date 04-01-2026
 Contact No. 7565033280
 Model SUPER SPLENDOR XTEC
 Reg No. UP34CA4750
 HMCGL Card Category Gold

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	6410AADG010S -SCREEN WIND SUB ASSEMBLY	87141090	Paid	304.24	1	9.00	9.00	0.00	0.00	0.00	0.00	359.00
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	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
5	3340BAAF40099S - WINKERS FR R(W/O BULB)	85122010	Paid	118.64	1	9.00	9.00	0.00	0.00	0.00	0.00	140.00
6	61101AAGA00BS -FENDER FRONT (BL(BR)-013M(G))	87141090	Paid	1,030.51	1	9.00	9.00	0.00	0.00	0.00	0.00	1,216.00
7	53175AAFH00S -LEVER COMP.R STRG.HNDL.	87141090	Paid	77.97	1	9.00	9.00	0.00	0.00	0.00	0.00	92.00
8	88110AANH01S -MIRROR ASSEMBLY RIGHT BACK	70091090	Paid	198.31	1	9.00	9.00	0.00	0.00	0.00	0.00	234.00
9	53100AAGA00S -PIPE STRG HANDLE	87141090	Paid	429.66	1	9.00	9.00	0.00	0.00	0.00	0.00	507.00
10	53200AAF400S -STEM COMP STRG	87141090	Paid	687.29	1	9.00	9.00	0.00	0.00	0.00	0.00	811.00
11	51410AAF400S -"PIPE COMP, FR FORK"	87141090	Paid	898.31	2	9.00	9.00	0.00	0.00	0.00	0.00	2,120.00
12	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
13	3370BAAGA0099S -UNIT TAIL LIGHT	85122010	Paid	432.20	1	9.00	9.00	0.00	0.00	0.00	0.00	510.00
14	50803AANB00S -GUARD ENGINE RH	87141090	Paid	120.34	1	9.00	9.00	0.00	0.00	0.00	0.00	142.00
15	50804AANB00S -GUARD ENGINE LH	87141090	Paid	100.85	1	9.00	9.00	0.00	0.00	0.00	0.00	119.00
16	17520ADG000US -FUEL TANK BL(BR)-021M(F)	87141090	Paid	5,859.32	1	9.00	9.00	0.00	0.00	0.00	0.00	6,914.00
Parts Total											0.00	18,369.00

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 XTEC	998729	Paid	2,000.00	9.00	9.00	0.00	0.00	0.00	0.00	2,360.00	
Jobs Total											0.00	2,360.00

Parts Total 18,369.00
 Labour Total 2,360.00
 SGST (Parts) 9% 1,401.03
 CGST (Parts) 9% 1,401.03

CGST (Labour) 9%

180.00

Total

20,729.00

Rupees in Words: Twenty Thousand Seven Hundred Twenty Nine 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.

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.

10730 - Main W/S

SECURE DISCOUNT	AMOUNT	DATE	DESCRIPTION
1000	1000	10/10/20	...
2000	2000	11/10/20	...
3000	3000	12/10/20	...
4000	4000	13/10/20	...
5000	5000	14/10/20	...
6000	6000	15/10/20	...
7000	7000	16/10/20	...
8000	8000	17/10/20	...
9000	9000	18/10/20	...
10000	10000	19/10/20	...
11000	11000	20/10/20	...
12000	12000	21/10/20	...
13000	13000	22/10/20	...
14000	14000	23/10/20	...
15000	15000	24/10/20	...
16000	16000	25/10/20	...
17000	17000	26/10/20	...
18000	18000	27/10/20	...
19000	19000	28/10/20	...
20000	20000	29/10/20	...
21000	21000	30/10/20	...
22000	22000	31/10/20	...
23000	23000	01/11/20	...
24000	24000	02/11/20	...
25000	25000	03/11/20	...
26000	26000	04/11/20	...
27000	27000	05/11/20	...
28000	28000	06/11/20	...
29000	29000	07/11/20	...
30000	30000	08/11/20	...
31000	31000	09/11/20	...
32000	32000	10/11/20	...
33000	33000	11/11/20	...
34000	34000	12/11/20	...
35000	35000	13/11/20	...
36000	36000	14/11/20	...
37000	37000	15/11/20	...
38000	38000	16/11/20	...
39000	39000	17/11/20	...
40000	40000	18/11/20	...
41000	41000	19/11/20	...
42000	42000	20/11/20	...
43000	43000	21/11/20	...
44000	44000	22/11/20	...
45000	45000	23/11/20	...
46000	46000	24/11/20	...
47000	47000	25/11/20	...
48000	48000	26/11/20	...
49000	49000	27/11/20	...
50000	50000	28/11/20	...
51000	51000	29/11/20	...
52000	52000	30/11/20	...
53000	53000	01/12/20	...
54000	54000	02/12/20	...
55000	55000	03/12/20	...
56000	56000	04/12/20	...
57000	57000	05/12/20	...
58000	58000	06/12/20	...
59000	59000	07/12/20	...
60000	60000	08/12/20	...
61000	61000	09/12/20	...
62000	62000	10/12/20	...
63000	63000	11/12/20	...
64000	64000	12/12/20	...
65000	65000	13/12/20	...
66000	66000	14/12/20	...
67000	67000	15/12/20	...
68000	68000	16/12/20	...
69000	69000	17/12/20	...
70000	70000	18/12/20	...
71000	71000	19/12/20	...
72000	72000	20/12/20	...
73000	73000	21/12/20	...
74000	74000	22/12/20	...
75000	75000	23/12/20	...
76000	76000	24/12/20	...
77000	77000	25/12/20	...
78000	78000	26/12/20	...
79000	79000	27/12/20	...
80000	80000	28/12/20	...
81000	81000	29/12/20	...
82000	82000	30/12/20	...
83000	83000	31/12/20	...
84000	84000	01/01/21	...
85000	85000	02/01/21	...
86000	86000	03/01/21	...
87000	87000	04/01/21	...
88000	88000	05/01/21	...
89000	89000	06/01/21	...
90000	90000	07/01/21	...
91000	91000	08/01/21	...
92000	92000	09/01/21	...
93000	93000	10/01/21	...
94000	94000	11/01/21	...
95000	95000	12/01/21	...
96000	96000	13/01/21	...
97000	97000	14/01/21	...
98000	98000	15/01/21	...
99000	99000	16/01/21	...
100000	100000	17/01/21	...

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.	अजय कुमार, 756-5033280
2	Vehicle No. / वाहन संख्या	UP34CA4750
3	Policy No. / पालिसी संख्या	252400/31/2025/86419
4	Period of Insurance / बीमा अवधि	16/02/2025 से 15/02/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	01/01/2026 7:00 PM
6	Place of Accident / दुर्घटना का स्थान	सुमलीगाँव के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	जवल किशोर, UP3420130007389 7570925220
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	सुमलीगाँव के पास स्थान से रस्ते से टक्कर हो गई तभी पीछे आ रहे मोटरसाइकिल वाले ने पीछे से टक्कर मार दी जिससे मेरी गाड़ी डि सवेलेंस होकर लगी और गिरकर सारे घात 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, LAPROAD LAKHIMPUR KHARI, 9351154036

अजय कुमार

Date / दिनांक : 03/01/2026
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 MEFRUT
 Tel. No. _____

Certificate/Policy No. 252400/31/2025/86419
 Period of Insurance 16/02/2025 to 15/02/2026
 Claim No. _____

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

I. INSURED

(a) Name : RIY KUMAR
 (b) Address for correspondence : RIOJOS, BHAWANIPUR, SUJAWALPUR, SITAPUR,
 (c) Telephone : 7565033280 PS-RILSHA, SITAPUR.

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>JA07AM59A05300</u> Chassis No. <u>MBLJAW399S9A00806</u>	Registration No. <u>UP34CA</u> <u>4750</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? N/A
 (c) Was trailer attached? N/A
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached
 2. Was a pillion rider carried

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 : NAJAL KISHOR
- (b) Age : 07/08/1991
- (c) Address : VILL-BHAWANIPUR PS-SUDANALPUR,
THANA-REUSA, SITAPUR
- (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 : UP34 20130007389
- (h) Issuing Authority : 02/07/2013
- (i) Date of Expiry : 30/06/2033
- (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 : 01/01/2026 7:00PM
- (b) Place : सुमली गांव के पास
- (c) Speed of vehicle at the time of accident : 30-40
- (d) Give a short description of the accident : सुमली गांव के पास सामने से स्पीयर से टक्कर हो गई
- (e) If any third party was responsible for this accident give the name and address : तमो पांडे आरही मोटरसाइकिल चलाते न पांडे से टक्कर
होर दी: जेससे मेरो गाडी डिसेबल हो गई वो कार लांघी ओर
गिस्कार साविमस्त हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND BACK AND RIGHT
- (b) Estimated cost of repairs : _____
- (c) When and where can the damaged vehicle be inspected : MOSARRAM AUTO SALES, LRP ROAD
LAKHIMPUR KHERS, 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 : _____
- (e) Full details of property damaged : _____
- (f) Has notice of any claim been given to you? : NIA

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 03/01/2006

Signature of the insured मसच लुमा

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. UP34CA4750 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 अल्प कुमार
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



TAX INVOICE / CERTIFICATE CUM POLICY SCHEDULE

(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 36 KHAIR NAGAR, OPP. FILMISTAN CINEMA MERRUT, PIN-0111063576, (GSTIN: 09AACT0617R4E0)

Table with 2 columns: Policy details (Policy Type, Policy No, Agent/Broker Code, Agent/Broker Name, Insured Name, Insured Address) and Policy Issued On, Proposal No. & Date, Policy Period (OWN DAMAGE), Policy Period (LIABILITY), Lead/Branch No, Insured State.

Table with 2 columns: Motor Vehicle Details (Make, Model & Variant, Registration No, Year Of Manufacture, Engine-Chassis No, Cubic Capacity, Seating Capacity, Type Of Body, RTO Location) and Vehicle Details (Vehicle, Electrical Accessories, Non Electrical Accessories, Total IDV, YMF CONTRACT NO, Policy Type, Geographical Area).

Schedule Of Premium (Amount in Rs)

Table showing Premium Schedule with columns for Vehicle, Elec Accessories, Non-Elec Accessories, Basic Premium, Geographical Area Extn (IMT -I), Driving Tuition Loading On OD Premium (60%), Sub-Total Additions, Deductibles, Voluntary Deductibles (IMT 22A), Add-on Coverages, Add-On Coverages, Return to Invoice, Key Replacement, Consumables, Sub Total Add-on Coverages, Net own Damage Premium (A).

Table with 2 columns: Payment Details (Payment Method, Cheque No./Transaction No, Bank Name, Amount) and Financer Type (Financer Name, Cash, Financer Branch, POS Name, POS ID, POS PAN NO./Aadhar No).

In the event of a claim under the policy exceeding Rs.1lac or a claim for refund of premium exceeding Rs.1lac the insured will comply with the provisions of the AMI policy of the company. The AMI 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, DMTs 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 disbursement of premium cheques by the Company shall not be liable under the policy and the policy shall be void ab initio (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 authorized by and on behalf of the company has hereunto set his/her hands at 252400 on 16-FEB-25.

IMPORTANT NOTICE: The insured shall comply with the provisions of the Motor Vehicle Act, 1988 and the provisions of the Motor Vehicle Insurance Act, 1998.

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) Pace Making (5) Speed testing (6) Reliability trials (7) Delivery 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 license may also drive vehicle & that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicle Rules, 1989.

Limits of Liability Clause: Under section II-1 (a) 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 (c) of the policy - Damage to third party property is Rs.7.5 lakhs. P.A Cover under section III for owner-Driver is RS 0.

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 term. The preceding year 30%, preceding two consecutive years 25%, preceding three consecutive years 35%, preceding five consecutive years 45%, preceding five consecutive years 45% preceding five consecutive years 45%.

Sub Total Add-on Coverages: Sub Total Add-on Coverages: 0.00. Net own Damage Premium (A): 207.00.

This insurance excludes all pre-existing damages.

Approval section with fields: Approved By (UNTV0242400), Approved On (16-1-25), Place (MET), Printed On (16-FEB-25). Includes a blue circular stamp and the text 'For and on behalf of The Oriental Insurance Company Limited, General Manager Authorized Signature'.

GOVERNMENT OF UTTAR PRADESH

Transport Department Sitapur

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP34CA4750 Registration Date : 18-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 : AJY KUMAR Son/wife/daughter of : S/O SRI MADANLAL
 Full Address: (Permanent) : R/O 108 BHAWANIPUR, SUJAWALAPUR, SITAPUR, SUJAWALPUR, PS- REUSHA, SITAPUR, UTTAR PRADESH-261208
 Full Address: (Temporary) : R/O 108 BHAWANIPUR, SUJAWALAPUR, SITAPUR, SUJAWALPUR, PS- REUSHA, SITAPUR-UTTAR PRADESH-261208
 Fitness UpTo : 17-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 : AA2120938457 Rear HSRP No : AA2120644745
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 01/2025
 No of Cylinders : 1 Chassis No : MBLJAW399S9A00806
 Engine No : JA07AMS9A05300 Fuel : PETROL
 Horse Power(BHP) : 10.72 Cubic Capacity : 124.70
 Maker's Classification : SUPER SPLENDOR XTEC D Wheel base : 1267
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 123
 Colour : CANDY BLAZING RED Laden/GV Wt (kgs) : 253
 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 : 16-Feb-2025 Sale Amt : 86461/-
 OTT Date : 16-Feb-2025 Amount/Rcpt No : 8647 / UP34D25020003111
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 17-Mar-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 18-Feb-2025 to 17-Feb-2040

Date : 29-Mar-2025 12:20:18

Registration Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 29-Mar-2025

29 MAR 2025

Q 2405787

UNION OF INDIA Driving Licence (UP) (NT)

UP34 20130007389



जारी करने की तिथि
Date of Issue
01/07/2013

जन्म तिथि
Date of Birth
07/08/1991

वैधता / Validity
(NT) 30/06/2033


Blood Group
Unknown




नाम / Name
NAWAL KISHOR

पुत्र/पुत्री/पत्नी का नाम / Son/Daughter/Wife of
RAM JEEVAN

UP34 20130007389 UP00279375MT



LMV
01/07/2013



MCWG
01/07/2013

पता / Address
VILL BHAWANIPUR POST SUJAWALPUR
THANA REUSA
SITAPUR -

Handwritten Signature

Holder's Signature

(UP)

जारीकर्ता / Issuing Authority Sign
SITAPUR

Form 7 Rule 16(2)

भारत सरकार
Government of India

अजय कुमार .
Aji Kumar
जन्म तिथि / DOB : 12/07/1998
पुरुष / Male

6571 7848 1153

आधार - आम आदमी का अधिकार

आधार
Unique Identification Authority of India

पता:
S/O: मदनलाल, 108, भवानीपुर,
सुजावलपुर, सीतापुर, सुजावलपुर,
उत्तर प्रदेश, 261208

Address:
S/O Madanlal, 108, bhawanipur,
Sujawalapur, Sitapur, Sujawalpur,
Uttar Pradesh, 261208

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1800 300 1947

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अजय कुमार
7565033280

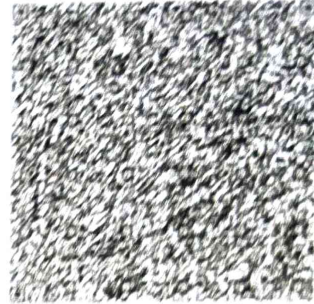
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
JBKPK9266C



नाम / Name
AJY KUMAR

पिता का नाम / Father's Name
MADANLAL

जन्म की तारीख /
Date of Birth
12/07/1998

हस्ताक्षर /

Signature

08112019

अजय कुमार