

GANPATI AUTOMOBILES

Purwa Chauraha, Deoria
Mob. - 9415383539, 9336531183

ESTIMATE

Owner's Name MANISH KUMAR
Address DEORIA
Phone 7233982645

Job No.
Date 06/01/2026
Chassis No.
Engine No.
Key No.
Regn. No. UP52CE2038
Speedometer Redg.
Insurance No.
Model SPLT

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	Visey-	1K	1000	1000	
2	HIL	1K	535	535	
3	F-Fender-	1K	1500	1500	
4	F-Winker-R.	1K	280	280	
5	Pannde- R	1K	850	850	
6	Tool. Box - R	1K	850	850	
7	Fuel Tank.	1K	5200	5200	
8	R.R. Winker-R	1K	280	280	
9	Seat. Cover. R.	1K	550	550	
10	R.R. Fender-	1K	1020	1020	
11	Centre-	1K	250	250	
12	Seat. Set	1K	1500	1500	
13	स्विच स्टाट	1K	600	600	
14					
15					
16					
17					
18	LAWA			600	
19					
20					
21					
22					
23					
24					
25					
TOTAL				14950	

- 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.

Ganpati Automobiles
Gorakhpur Road
OPP. Dr. G. G. Gupta
DEORIA
Teh 770001

I/We agree with the conditions and approve the estimate.

Customer's Signature.....

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.	MANISH. KUMAR. 7233982645
2	Vehicle No. / वाहन संख्या	UP52CE2038
3	Policy No. / पालिसी संख्या	
4	Period of Insurance / बीमा अवधि	10/02/2025 - 09/02/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	02/01/2026 Time - 9:16pm
6	Place of Accident / दुर्घटना का स्थान	(घादपार धरवे)
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	RAKESH. PRASAD. UP5220150011803.7233982645
8	Estimated Loss / अनुमानित हानि	14955/-
09.	Cause of Accident / दुर्घटना का कारण :	घादपार गाव में मेरा घर है। जहा पे मेरी गाड़ी घर में रखा हुआ था। मेरे दरवाजे पे लकड़ी का अलाव जला हुआ था। तभी अचानक आग निकल कर मेरे प्लान के घर में आग लग जमा जिससे मेरी गाड़ी उसी में जल गयी। गाना प्रसाद
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.	JANPATI AUTO. MOBILE REPAIR (UP)

Date / दिनांक : 5/01/2026
हस्ताक्षर

मनीष कुमार

Signature of Insured / बीमाधारक के

मनीष कुमार



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 _____

Certificate/Policy No. _____

Tel. No. _____

Period of Insurance 10/02/2025 - 10-09/02/2026
 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 : MANISH. KUMAR.
 (b) Address for correspondence : CHADPUR. BORIA (C.P.)
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. * <u>81417</u> Chassis No. * <u>77766</u>	Registration No. <u>UP52CE</u> <u>2038</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 _____
 (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 _____
- NA



3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : RAKESH PRASAD.
 (b) Age : 01/07/1998
 (c) Address : CHANDPAR, REORIA. (U.P.)
 (d) Is the Driver
 1. Owner : NO
 2. paid driver? : NO
 3. Owner's relative or friend? : RELATIVE.
 (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 : UP5220150011803
 (h) Issuing Authority :
 (i) Date of Expiry : 05/07/2035
 (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

Time - 9:16 pm

(a) Date and Time : 02/01/2026
 (b) Place : चंदपार घाव में मेरा घर है। जहाँ पे मेरी गाड़ी
 (c) Speed of vehicle at the time of accident : घर में रुका हुआ था। मेरे दरवाजा व लकड़ी का
 (d) Give a short description of the accident : झेलव जला हुआ था। तब ही अचानक आग निकली का
 (e) If any third party was responsible for this accident give the name and address : मेरे पलंग के धर में आग लग गया जिसका कारण मेरी गाड़ी उसी में जल गया।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : AS PER ESTIMATE.
 (b) Estimated cost of repairs : 14924
 (c) When and where can the damaged vehicle be inspected : GANPATI AUTO MOBILE REORIA. (U.P.)

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 : NA
 (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? : _____ 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? : _____ NA
(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? : _____ NA
(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 05/01/2026
200

Signature of the insured मनीष कुमार

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 मनीष कुमार
Occupation
Address
.....
.....
Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No	: UP52CE2038	Registration Date	: 18-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		
Owner Name	: MANISH KUMAR	Scn/wife/daughter of	: RAMPRASAD
Full Address: (Permanent)	: VILL- CHANDPAR BHITHAHA, PO+PS- BHATNI SALEMPUR DEORIA, . DEORIA, UTTAR PRADESH-274701		
Full Address: (Temporary)	: VILL- CHANDPAR BHITHAHA, PO+PS- BHATNI SALEMPUR DEORIA, . DEORIA-UTTAR PRADESH-274701		
Fitness Up To	: 17-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	: AA2118217819
Maker's Name	: HERO MOTOCORP LTD	Month/Year of Manuf.	: 01/2025
Front HSRP No	: AA2120215437	Chassis No	: MBLHAW220SHA77766
Type of Body	: SOLO WITH PILLION	Fuel	: PETROL
No of Cylinders	: 1	Cubic Capacity	: 97.20
Engine No	: HA11E7SHA81417	Wheel base	: 1236
Horse Power(BHP)	: 7.91	Standing Cap	: 0
Maker's Classification	: SPLENDOR+ BLK STRIPE IS S(DRS)	Unladen Wt (kgs)	: 111
Seating Cap(in all)	: 2	Laden/GV Wt (kgs)	: 241
Sleeper Cap	: 0	AC Fitted	: NO
Colour	: BLACK AND ACCENT		
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 SHRIRAM FINANCE LTD, DEORIA, . . Deoria, Uttar Pradesh-274001 w.e.f. 17-Feb-2025.

Purchase dt	: 15-Feb-2025	Sale Amt	: 78366/-
OTT Date	: 15-Feb-2025	Amount/Rcpt No	: 7837 / UP52D25020001989
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 20-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 18-Feb-2025 to 17-Feb-2040

कर/पंजीयन अधिकारी
 मोटर वाहन विभाग
 Signature of Registering Authority
 Date : 04-Mar-2025

Date : 04-Mar-2025 17:05:59

Taxation Particulars / Advance Registration Mark Fee Details

Q 2014725



2025-02-10

Mr./Ms. MANISH KUMAR
VILL-CHANDPAR, BHITHAHA
DEORIA, Uttar Pradesh, 274701

Dear Mr./Ms. MANISH KUMAR,

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.

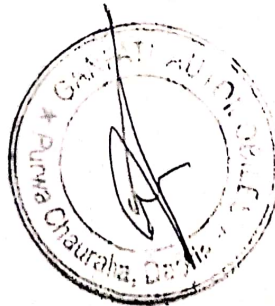
In case you have to initiate a claim, please contact us at phone no: +91 7941050643 or email: info@motorsathi.com or visit our website at www.motorsathi.org or download Motorsathi app from play store for guidance from Motorsathi.

Mr./Ms. MANISH KUMAR, 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.

यह बीमा पालिसी गाड़ी का कुल बीमा
(OD) एक साल का बीमा है।
एक साल के लिए मान्य है।

We can be reached everyday during 9AM to 7PM

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



Please scan the QR for details.



Scanned with OKEN Scanner



Certificate of Services

Issuer & Servicing Office: Motor Sathi Care Private Limited, B.Dass Compound, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Uttar Pradesh, (202001) Certificate Number: INCP00404629

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

Invoice cum Certificate Number: INCP00404629

Period of Coverage(MS): 2025-02-10 - 2026-02-09 MIDNIGHT

Name of Certificate Holder: MANISH KUMAR

DOB: 1998-01-01

Mobile: 7233982645

Period of Coverage(I): 2025-02-10 - 2030-02-09 MIDNIGHT

Address: VILL-CHANDPAR, BHITHAHA, DEORIA, DEORIA

City / District: DEORIA

State: Uttar Pradesh

Pincode: 274701

IDV: 74447.7

Manufacturing Year: 2025

Vehicle Registration Number: New

Vehicle Manufacturer: HERO MOTOCORP

Model: SPLENDOR PLUS

Variant: I3S OB

Engine Number: HA11E7SHA81417

Chassis Number: MBLHAW220SHA77766

Acknowledgement No: MS/2025/E404629

Personal Accident Insurance Amount: 15,00,000

Drive Assure

S.No	Featured Benefits	Description	TW
1	Relay 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

ADHC Benefits: 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
MS Services	450	40.5	40.5	-	531
Allied Services	1782.59	160.44	160.44	-	2103

Personal Accident Cover Details

Name of Certificate Holder: MANISH KUMAR

Period of Insurance: 2025-02-10 (17:38 HRS) - 2026-02-09.MIDNIGHT

Nominee Name: MEENA DEVI

Nominee Relationship: MOTHER

Nominee Gender: Female

Nominee Age: 45 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. 6) Such compensation shall be payable directly to his her legal representatives. 7) 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.





भारत सरकार
Government of India



मनीष कुमार
Manish Kumar
जन्म तिथि / DOB : 01/01/1998
पुरुष / Male



8990 9532 3107

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता: Address:
आत्मज: रामप्रसाद, ग्राम-चौदपार, S/O: Ramprasad,
भिथाहा, देवरिया, भटनी, उत्तर प्रदेश, Gram-Chandpar, Bhithaha,
274701 Deoria, Bhatni, Uttar Pradesh,
274701

8990 9532 3107



1947



help@uidai.gov.in



www.uidai.gov.in



आयकर विभाग
INCOME TAX DEPARTMENT

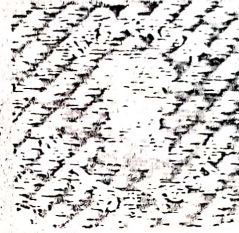


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

FZHPK3098F



नाम / Name

MANISH KUMAR

पिता का नाम / Father's Name
RAMPRASAD

जन्म की तारीख / Date of Birth
01/01/1998

मनीष कुमार
हस्ताक्षर / Signature



28092017





Uttar Pradesh Police

उत्तर प्रदेश पुलिस

Lost Article Information Report Registered by e-thana

ई-थाना द्वारा वस्तु या अभिलेख खोने की रिपोर्ट

Police Unit: Police Computer Center,
Technical Services HQ, Lucknow
पुलिस इकाई: पुलिस कंप्यूटर केंद्र,
तकनीकी सेवायें मुख्यालय, लखनऊ

L. A.R No. 2026000009284
एल.ए.आर.नं.

Date 04/01/2026
दिनांक

1. Complainant/शिकायतकर्ता:

a) Name/नाम Manish Kumar
b) Mobile No./मोबाइल न. 7233982645
c) Father/Husband's Name/पिता/पति का नाम: Ramprasad
d) Email/ई-मेल: digizone789@gmail.com
e) Address/पता: Vill Chandpar Post Bhatni Salempur Deoria Uttar Pradesh 274701

2. Incident details/घटना:

a) Date/Time of Report/रिपोर्ट दर्ज करने का दिनांक/समय: 04/01/2026 21:16
b) Date/Time of Loss/खोने का दिनांक/समय:
In between/From 02/01/2026
Date/दिनांक: 21:16 से
To Date/दिनांक: के बीच
c) Place of Loss/खोने का स्थान: Vill Chandpar Post Bhatni Salempur Deoria Uttar Pradesh 274701

3. Lost Article/खोयी वस्तु व अभिलेख:

S. No. (क्र.सं.)	Property Category (सम्पत्ति श्रेणी)	Property Type (सम्पत्ति के प्रकार)	Value (मूल्य)	Value (मूल्य)	Description (विवरण)
1	Others	OTHERS DETAILS (Motor Bike)			

4. Any Other Details/अन्य विवरण:

Meri Bike Hero Splender Plus Mere Ghar Me Aag Lg Jane Ke Karan Jal Gyi Hai Aur Chalne Layak Nhi Hai. Jiska details hai...
Registration Number- UP52CE2038
ENGINE NUMBER- HA11E7SHA81417
CHASIS NUMBER- MBLHAW220SHA7776

Name (नाम): MEETU SHRIVASTAVA

Rank (पद): उप निरीक्षक (ई-थाना प्रभारी)

Telephone No / टेलीफोन नंबर: 0522-2390261

note/टिप्पणी: This is a computer generated report.No signature is required./यह कंप्यूटर जनित रिपोर्ट है। हस्ताक्षर की आवश्यकता नहीं है।

Disclaimer/महत्वपूर्ण:

This app is for lodging report of articles lost in Uttar Pradesh.

प्रणाली द्वारा केवल उत्तर प्रदेश में खोयी वस्तु या अभिलेख की सूचना ही दर्ज की जाती है।

Report lodged under this app is not a subject matter of enquiry or investigation.

रिपोर्ट के आधार पर कोई जांच या विवेचना अपेक्षित नहीं है।

False report to police is a punishable offence/ झूठी रिपोर्ट दर्ज कराना दंडनीय अपराध है।

Report printed on /रिपोर्ट मुद्रित करने की तिथि 04/01/2026 04:18 PM



DL No: UP52 20150011803

UPDL 000009428286



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	06-07-2015	NT			
	LMV	UP52	06-07-2015	NT			
	TRANS	UP52	27-04-2019	TR			
MVSD							

Form 7 Rule 16(2)

Emergency Contact Number

Licence Authority
UP52 DEORIA

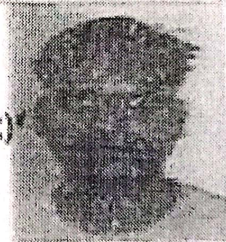


Indian Union Driving Licence
Issued by Uttar Pradesh

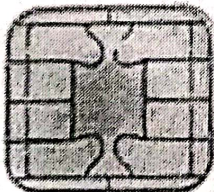


UP52 20150011803

Issue Date Validity (NT) Validity (TR)
06-10-2022 05-07-2035 05-10-2027



(06-07-2015)



Holder's Signature

Name: **RAKESH PRASAD**
Date of Birth: **01-07-1995** Blood Group: Organ Donor: **N**
Son/Daughter/Wife of: **SHIV PRASAD**
Address:
**CHAND PAR BHATNI DEORIA, UP
274701**

Date of First Issue

