

**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-0126-749  
 Customer Name SUNITA RASTOGI  
 VIN MBLJFW247LGJ14532  
 Insurance Company  
 HMCGL Card No 1073022860009029  
 Part Details

Date 04-01-2026  
 Contact No. 8564042610  
 Model DESTINI 125  
 Reg No. UP31BQ1185  
 HMCGL Card Category Diamond

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	61000ABS200VS -FRONT FENDER NH-437M	87141090	Paid	1,327.97	1	9.00	9.00	0.00	0.00	0.00	0.00	1,567.00
2	53205ABS200VS -COVER HANDLE FR	87141090	Paid	569.49	1	9.00	9.00	0.00	0.00	0.00	0.00	672.00
3	61140ABS200S -WIND SCREEN	87141090	Paid	171.19	1	9.00	9.00	0.00	0.00	0.00	0.00	202.00
4	53206ABS000S -COVER HANDLE RR	87141090	Paid	162.71	1	9.00	9.00	0.00	0.00	0.00	0.00	192.00
5	64305ABS200VS -COVER FR UPPER	87141090	Paid	1,210.17	1	9.00	9.00	0.00	0.00	0.00	0.00	1,428.00
6	64309ABS200VS -FRONT COVER LOWER	87141090	Paid	1,054.24	1	9.00	9.00	0.00	0.00	0.00	0.00	1,244.00
7	83400ABS200VS -L BODY SIDE	87141090	Paid	1,581.36	1	9.00	9.00	0.00	0.00	0.00	0.00	1,866.00
8	81131ABS000S -COVER INNER	87141090	Paid	421.19	1	9.00	9.00	0.00	0.00	0.00	0.00	497.00
9	6433AABS200VS -COVER L FLOOE SIDE SA MRS NH 437M	87141090	Paid	632.20	1	9.00	9.00	0.00	0.00	0.00	0.00	746.00
10	77300ABS0000S -GRIP REAR	87141090	Paid	1,327.97	1	9.00	9.00	0.00	0.00	0.00	0.00	1,567.00
11	88120ABS000RS -MIRROR ASSEMBLY LEFT BACK NH-B08M	70091090	Paid	216.10	1	9.00	9.00	0.00	0.00	0.00	0.00	255.00
<b>Parts Total</b>											0.00	<b>10,236.00</b>

**Labour Details**

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-DESTINI 125	998729	Paid	2,000.00	9.00	9.00	0.00	0.00	0.00	0.00	2,360.00	
<b>Jobs Total</b>											0.00	<b>2,360.00</b>

Parts Total	10,236.00
Labour Total	2,360.00
SGST (Parts) 9%	780.71
CGST (Parts) 9%	780.71
SGST (Labour) 9%	180.00
CGST (Labour) 9%	180.00
<b>Total</b>	<b>12,596.00</b>

Rupees in Words: Twelve Thousand Five Hundred Ninety Six Only

Authorised Signatory

1. Terms Cash
2. Prices & statutory levies prevailing at the time of delivery shall be charged

10730 - Main W/S

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.	सुनीता रस्तोगी 8564042610
2	Vehicle No. / वाहन संख्या	UP31 BQ 1185
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/413643
4	Period of Insurance / बीमा अवधि	12/03/2025 से 11/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	01/01/2026 10:00 AM
6	Place of Accident / दुर्घटना का स्थान	मैला मैदान के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	साधन रस्तोगी 8564042610 UP31-20190011153
8	Estimated Loss / अनुमानित हानि	
09	Cause of Accident / दुर्घटना का कारण	मैला मैदान के पास सामने सेट मोटर साइकिल से ज़ोरदार टक्कर हो गई जिससे मेरी गाड़ी बाईं ओर जोरकर भतिमस्त 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.	MOSARRAM AUTO SALES, LRPRAD LAKHIMPUR KHERI, 9151154036

Date / दिनांक : 03/01/2026  
हस्ताक्षर

सुनीता रस्तोगी

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. MS/2025/7001/0/46575/4136

Tel. No.

Period of Insurance 12/03/2025 to 11/03/2028<sup>43</sup>  
 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 : ASUNITA RASTOGI
- (b) Address for correspondence : R10 MD-IDGAH BALDEVNAGAR, PS-KOTWALI, KHRI
- (c) Telephone : 8564042610 UP, 262701

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2021</u>	Engine No. <u>JF17ELLGT23398</u> Chassis No. <u>MBLJFN247LGT14532</u>	Registration No. <u>UP31BQ</u> <u>1185</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 N/A
  - 1. Was a side-car attached? N/A
  - 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 : SACHIN RASTOGI
- (b) Age : 01/01/1996
- (c) Address : H.No-391 MOH. JAGGAH BALDEVNAGAR, NEAR-  
RAMJANKI MANDIR LAKHIMPUR-KHERI, UP, 262701.
- (d) Is the Driver
1. Owner : No
  2. paid driver? : No
  3. Owner's relative or friend? : SON
- (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 2019 0011153
- (h) Issuing Authority : 17/09/2019
- (i) Date of Expiry : 31/01/2035
- (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 10:00am.
- (b) Place : मैला मेवात रोड पास
- (c) Speed of vehicle at the time of accident : 30-40
- (d) Give a short description of the accident : मैला मेवात रोड पास सामने से मोटर साइकिल से जो स्कार लक
- (e) If any third party was responsible for this accident give the name and address : हो गई जिससे मेरी गाड़ी बायां ओर गिरकर बसि चली गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND LEFT
- (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 : \_\_\_\_\_
- (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? : 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 03/01 2006

Signature of the insured सुनीता रस्तोगी

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. UP31BQ1185 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 सुनीता रस्तोगी  
Occupation .....  
Address .....

Bank Account Number .....  
Name of the Bank .....

# Program Proposal Two-Wheeler Package Contract - Bundled

Package Contract No.: MS/2025-7001-0-16575-413643

Motorsathi Care Private Limited  
 B.Dass Compound Opposite DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) India  
 Phone No: 7941055043  
 Email: info@motorsathi.com  
 Visit the help section of [www.motorsathi.com](http://www.motorsathi.com)

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
SUNITA RASTOGI	1973-06-01	8564042610	W/O SRI AVDHESH KUMAR RASTOGI	Hero Motocorp	DESTINI	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Tax
VX	UP31BQ1185	JF17ELLGJ23398	MBLJFW247LGJ14532	2021-03-18	125	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
36000.00	NA	0.00	0.00	0.00	36000.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
	Solo			2	1648.29	
Address			City / District	Pin Code	State	
MOH- IDGAH BAL DEV NAGAR, MOH- IDGAH BAL DEV NAGAR, PS- KOTWALI, Kheri, Uttar Pradesh, 262701				262701	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
AVDHESH KUMAR RASTOGI	Male	58 Years	HUSBAND	2025-03-12 11:03	Midnight of 2026-03-11	

Section A. VRC: 554.22 TCR: 424.80 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (20%): 137.69 Total with GST(A): 841.33  
 Section B. EC: 0.00 EC Service: 0.00 ECPD: 0.00 Sub Total: 0.00 TAC: 0.00 ENC: 0.00 FDC: 0.00 MCPD: 0.00 Total(B): 0.00 GST (CGST @ 9% + SGST @ 9%) (B): 0.00 Total with GST(B): 0.00  
 Section C. MS Services(O): 374.58 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @ 9% + SGST @ 9%): 67.42 Total MS Services with GST(C): 442.00  
 Section D. Drive Assure: 309.29 AHDC, DOC & Additional External Tyre Cover(AFTC): Alloy wheel Cover Other Discount: 0.00 GST (CGST @ 9% + SGST @ 9%): 55.67 Total with GST(D): 364.96

**Total(Section A+B+C+D) Offered Price After Discount: 1648**

Package Period Covered	2025-03-12 To 2026-03-11	2026-03-12 To 2027-03-11	2027-03-12 To 2028-03-11	2028-03-12 To 2029-03-11	2029-03-12 To 2030-03-11
ADV	36000	NIL	NIL	NIL	NIL
MS Services Period Covered (NODL)	1 Year	NIL	NIL	NIL	NIL

\*THE VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2026-03-11 (DETAILS ARE PROVIDED BY THE CUSTOMER).

**LIMITATIONS AS TO USE:** This package covers use of the vehicle for any purpose other than (a) Hire or Reward (b) Carriage of goods rather than samples or personal luggage (c) Organized Racing (d) Pace Making (e) Speed Testing (f) Reliability Trials (g) Any purpose not in accordance with Motor Trade.

**DRIVER:** Any person including covered individual: 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 Learners License can also drive the vehicle and that such a person satisfies the requirements of Rule 5 of Central Motor Vehicle Rules, 1989.

**LIMIT OF ACCOUNTABILITY:** Limit of the amount of the Company's accountability in respect of any one request or series of requests arising out of one event: Up to Rs. 100000. The amount mentioned is estimated breakup. Actual Costs and Terms & Conditions are in package document which can be downloaded only via authorized portal [www.motorsathi.com](http://www.motorsathi.com) or MotorSathi App.

**DISCLAIMER:** The package stands cancelled or void in the event of Cheque Dishonor. The company may cancel the package by sending 7 days' notice in case of misrepresentation, nondisclosure of material fact or non-co-operation of the coverage.

**ANTI MONEY LAUNDERING CLAUSE:** In the event of a request under the package exceeding Rs 1 lakh or a request for refund of payment exceeding Rs 1 lakh, the accountability comply with the provisions of AML package of the company. The AML package is available in all our operating offices as well as Company website.

**TO REGISTER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT:** Website: [www.motorsathi.com](http://www.motorsathi.com) Customer Care: Toll Free Phone No: 7941055043 Email id: [info@motorsathi.com](mailto:info@motorsathi.com)



**IMPORTANT NOTICE:** The coverage is not indemnified if the vehicle is used or driven otherwise than in accordance with this Schedule. Any payment made to the company by reason of wider terms appearing in the Certificate. All disputes arising out of or in connection with this agreement shall be subject to the exclusive jurisdiction of the courts at Aligarh.

# Received with Thanks Rs 1648.29 ON 2025-03-06 from Mr./Ms. SUNITA RASTOGI against the ARN No. INCP00413643  
 The acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions\*  
 (Please turn overleaf for details) Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 18  
 Customer Service Address: B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) India





# GOVERNMENT OF UTTAR PRADESH

Transport Department, Luckhimpur, Kheri

FORM 3

## CERTIFICATE OF REGISTRATION



Registration No : UP31BQ1185  
 Description of Vehicle : M-CYCLE SCOOTER  
 Dealer's Name & Address : MUSA RAM AUTO SALES  
 Owner Name : SUNITA RASTOGI  
 Full Address: (Permanent) : MOH- IDGAH BAL DEV NAGAR, PS- KOTWALI, KHERI, UTTAR PRADESH-202701  
 Full Address: (Temporary) : MOH- IDGAH BAL DEV NAGAR, PS- KOTWALI, KHERI, UTTAR PRADESH-202701  
 Fitness UpTo : 17-Mar-2036  
 Owner Serial No : 01  
 Detailed Description :  
 Class of Vehicle : M-CYCLE SCOOTER  
 Ownership : INDIVIDUAL  
 Maker's Name : HERO MOTOCORP LTD  
 Front HSRP No : AA2034926557  
 Type of Body : SOLO WITH PILLION  
 No of Cylinders : 1  
 Engine No : JF17ELLGJ23398  
 Horse Power(BHP) : 8.98  
 Maker's Classification : DESTINI 125 (VX)  
 Seating Cap(in all) : 2  
 Sleeper Cap : 0  
 Colour : MAT RAY SILVER

Registration Date : 18-Mar-2021  
 Purpose For Porting RC : NEW  
 (P ROAD LAKHIMPUR KHERI, , , -  
 Son/wife/daughter of : W/O SRI AVDHESH KUMAR RASTOGI  
 R, MOH- IDGAH BAL DEV NAGAR, PS- KOTWALI, KHERI,  
 R, MOH- IDGAH BAL DEV NAGAR, PS- KOTWALI, KHERI-  
 Tax UpTo : One Time  
 Link Vehicle No :  
 Norms : BHARAT STAGE VI  
 Rear HSRP No : AA2033751217  
 Month/Year of Manuf : 09/2020  
 Chassis No : MBLJFW247LGJ14532  
 Fuel : PETROL  
 Cubic Capacity : 124.60  
 Wheel base : 1245  
 Standing Cap : 0  
 Unladen Wt (kgs) : 113  
 GVW Wt (kgs) : 243

### 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)
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- 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 : 12-Mar-2021  
 OTT Date : 12-Mar-2021  
 TaxUpTo : One Time  
 Tax Exempted or Not : NOT EXEMPTED  
 Other State/Transfer/Conversion Details :  
 Previous Owner :  
 Old State :  
 Transfer Date :  
 Date Amt : 71200/-  
 Amount/Rcpt No : 7120 / UP31D2103C001748  
 Vehicle is Govt./ Pvt. : PRIVATE  
 Date of Approval : 18-Mar-2021  
 Previous RegNo :  
 Entry Date :  
 Conversion Date :

This certificate is valid from 18-Mar-2021 to 17-Mar-2036

Date : 23-Apr-2021 14:11:44

Taxation Particulars / Advance Registration Mark Fee Details

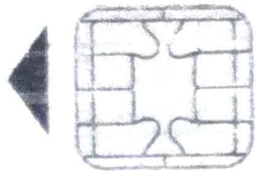
Signature of Registrar  
 Luckhimpur, Kheri  
 Date: 23-Apr-2021



**Indian Union Driving Licence**  
**Issued by Uttar Pradesh**



**UP31 20190011153**



Issue Date **17-09-2019**    Validity (NT) **31-12-2035**    Validity(TR)\* \_\_\_\_\_



सचिन रास्टोगी

Holder's Signature

Date of First Issue (17-09-2019)

Name: **SACHIN RASTOGI**  
 Date of Birth: **01-01-1996**    Blood Group: \_\_\_\_\_    Organ Donor: **N**  
 Son/Daughter/Wife of: **AVADHESH KUMAR RASTOGI**  
 Address:  
**HNO 391 MOH IDGAH BALDEVNAGAR NEAR**  
**RAMJANKI MANDIR Lakhimpur, Kheri, UP**  
**262701**

DL No: **UP31 20190011153**

UPDL000001150744



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	UP31	17-09-2019	NT			
	LMV	UP31	17-09-2019	NT			
	MVSD						

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority  
**UP31 LAKHIMPUR KHERI**



भारत सरकार  
Government of India



सुनीता रास्तोगी  
Sunita Rastogi  
जन्म तिथि/DOB: 01/06/1973  
पंक्ति/EMAIL:

8872 4724 1585  
VID : 9145 6402 0935 7228

भारत ११११११, भोरी परचाल



Issue Date: 12 10 2020

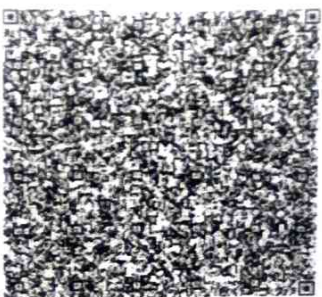


भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



प्राति:  
श्री. सुनीता रास्तोगी, 391, मो. ई.एम.ए. कॉम्प्लेक्स,  
भोरी, कानपुर, उत्तर प्रदेश, 262 001  
फ़ोन नं. 262 701

Address:  
C/O. Avtiya of Kuntal Rastogi, 391, Mohi  
Egmah, Bhoori, Unnao District, Luckhimpur,  
Khera,  
Uttar Pradesh, 262 001



8872 4724 1585  
VID : 9145 6402 0935 7228



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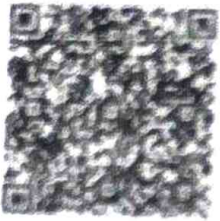


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जन्म की तारीख / Date of Birth

01/06/1973

सुनीता

हस्ताक्षर / Signature



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