

ESTIMATE

Estimate No.
Customer Name
VIN
Insurance Company
HMCGL Card No
Part Details

10730-03-REST-0126-745
HIMANSHU DIWAKAR
MBLHAW22XRHK12436
2353024560000834

Date 03-01-2026
Contact No. 7706912218
Model SPLENDOR +
Reg No. UP31CH8515
HMCGL Card Category Gold

| S No | Part Number | HSN No. | Billing Type | Rate | Qty | SGST % | CGST % | UTGST % | IGST % | Discount % | Discount | Net Amount |
|--------------------|--|----------|--------------|----------|-----|--------|--------|---------|--------|------------|----------|------------|
| 1 | 83410AAE300RS -FR VISOR BLACK NH 1 TYPE 1 | 87141090 | Paid | 866.95 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,023.00 |
| 2 | 33100AAE941S -LIGHT ASSEMBLY HEAD LAMP | 85122010 | Paid | 2,542.37 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 3,000.00 |
| 3 | 61100KCC940ZBS - FENDER COMPLETE, FRONT NH-1 | 87141090 | Paid | 729.66 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 861.00 |
| 4 | 3345AKCC710S -WINKER ASSY L FR(W/O BULB) | 85122010 | Paid | 177.97 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 210.00 |
| 5 | 17520AAE3054S -FUEL TANK (BLACK NH 1) TYPE 4 | 87141090 | Paid | 4,979.66 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 5,876.00 |
| 6 | 53100AAE110S -PIPE STRG HANDLE | 87141090 | Paid | 389.83 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 460.00 |
| 7 | 53200AAE200S -STEM COMP STRG | 87141090 | Paid | 738.14 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 871.00 |
| 8 | 51410KWA941S -PIPE COMP. FR FORK | 87141090 | Paid | 898.31 | 2 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2,120.00 |
| 9 | 50100AAE300S -FRAME BODY COMP | 87141090 | Paid | 7,792.37 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 9,195.00 |
| 10 | K44446AAED230S -KIT WHEEL COMP FRONT | 87141090 | Paid | 3,905.93 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 4,609.00 |
| 11 | 50803KST940S -GUARD LEG | 87141090 | Paid | 527.12 | 1 | 9.00 | 9.00 | 0.00 | 0.00 | 0.00 | 0.00 | 622.00 |
| Parts Total | | | | | | | | | | | 0.00 | 28,847.00 |

| 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 | 28,847.00 |
| Labour Total | 2,000.10 |
| SGST (Parts) 9% | 2,200.19 |
| CGST (Parts) 9% | 2,200.19 |
| SGST (Labour) 9% | 152.55 |
| CGST (Labour) 9% | 152.55 |
| Total | 30,847.10 |

Rupees in Words: Thirty Thousand Eight Hundred Fourty Seven and paise Ten 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.

10730 - Main W/S

To / सेवा में,
 The Oriental Insurance Co Ltd /
 दि ओरिएण्टल इंश्योरेंस 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. | HIMANSHU DIWAKAR 6386920709 |
| 2 | Vehicle No. / वाहन संख्या | UP31CH8515 |
| 3 | Policy No. / पालिसी संख्या | MS/2025/700110/46575/492980 |
| 4 | Period of Insurance / बीमा अवधि | 09/11/2025 से 08/11/2026 |
| 5 | Date of loss & Time / दुर्घटना का दिनांक & समय | 01/01/2026, 10:00 AM |
| 6 | Place of Accident / दुर्घटना का स्थान | पालिमा के पास |
| 7 | Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं | PARAMJEET SINGH UP7019940001181, 9793345262 |
| 8 | Estimated Loss / अनुमानित हानि | |
| 09. Cause of Accident / दुर्घटना का कारण : पालिमा से लखीमपुर आ रहे थे तभी अचानक पालिमा के पास सामने बायीं ओर से आती वाली ने स्फ़ोर मार दी जिससे मेरी गाड़ी टूटी और गिरकर हाताहत 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 LRP ROAD LAKHIMPUR KHERI 9151154036 |

हिमाशु दिवाकर

Signature of Insured / बीमाधारक के

Date / दिनांक : 01/01/2026
 हस्ताक्षर



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. MSL2025/70011046575A9228

Tel. No.

Period of Insurance 09/11/25 to 08/11/26

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 : ANIMANSHU DIWAKAR
 (b) Address for correspondence R/O: BHANPUR BHAN, PUR, KHERT, PS-BHIRA
 (c) Telephone : 6386920709

2. THE INSURED VEHICLE

| | | |
|---|--|--|
| Make & Year <u>HERO</u> <u>2024</u> | Engine No. <u>HAIHE7RHK 26232</u> Chassis No. <u>MBLHANW22XRHK12436</u> | Registration No. <u>UP31CV</u> <u>5815</u> |
|---|--|--|

- (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 : PRAMJEET SINGH
- (b) Age : 01/02/1976
- (c) Address : VILL POST - THANA BHIRANERAK, BADA GURUDWARA PALIA, KHERI, 262901
- (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 : No
- (f) Was he under the influence of intoxication Liquor or drugs? : No
- (g) Driving Licence Number : UP 70 199400 D/181
- (h) Issuing Authority : 28/07/2021
- (i) Date of Expiry : 31/01/2026
- (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 : पालिया के पास
- (c) Speed of vehicle at the time of accident : 30-40
- (d) Give a short description of the accident : पालिया के पास सामने बायां ओर से आले वाले ने
- (e) If any third party was responsible for this accident give the name and address : लवकर मार दी जिससे मेरी गाड़ी बायां ओर गिरकर 14/23/27 हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND LEFT AND RIGHT
- (b) Estimated cost of repairs : MOSARAM AUTO SALES LRP
- (c) When and where can the damaged vehicle be inspected : ROAD LAKHIMPUR-KHERI

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? : /

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 01/01/2006

Signature of the insured हिमांशु पिलावर

by a person who does not have either permanent account number of general index
the income Tax Act, 1962. [Provision to of Rule 114B]

1. Full Name and Address of the declarant HIMANSHU DIVAKAR #6 OM PRAKASH
VTC-BHANPUR PO-BHANPUR, SUB DISTRICT-GOLA GOKARANATH
DISTRICT-KHERI, STATE-UTTAR PRADESH, PINCODE-
262901

2. Particulars of transaction

Account Type Number

3. Amount of the transaction Rs.

4. Are you assessed to tax? Yes / No

5. If yes,

- i) Details of Ward / Circle / Range where the last return of income was filed.
- ii) Reasons for not having permanent account number / General Index Register Number

6. Details of document being produced in support of address in column (1)

Verification

I, HIMANSHU DIVAKAR do hereby declare that what is stated
above is true to the best of my knowledge and belief.

Date 01/01/2026

Place KHERI

Himanshu Divakar
Signature of the declarant

Instructions: Documents which can be produced in support of the address are:

- (a) Ration Card
- (b) Passport
- (c) Driving License
- (d) Identity Card issued by any institution
- (e) Copy of Electricity bill or Telephone bill showing residential address.
- (f) Any document of communication issued by authority of Central Government or local bodies showing residential address.
- (g) Any other documentary evidence in support of his address given in the declaration.

Note: Amendment with effect from 1st November, 1998 as per Income Tax Act, 1962 Rule 114 B: para (c) A time deposit exceeding Rs. 50,000/- with a banking company : para (f) opening an account with a Banking Company.

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2025/7001/O/46575/492980

Motorsathi Care Private Limited
 D-27, Shastrri Nagar, Meerut, Uttar Pradesh, (250004) India
 Contact us at:
 Phone: +91 79410 50643
 Email: info@motorsathi.com
 Visit the help section of www.motorsathi.com

| Name of Certificate Holder | Date of Birth | Mobile No. | Father/Husband Name | Make | Model | |
|--|-------------------|----------------------------------|---|---------------------|-----------------------------|--------------|
| HIMANSHU DIWAKAR | 2005-09-20 | 6386920709 | SRI OM PRAKASH | Hero Motocorp | SPLENDOR PLUS | |
| Sub Model | Vehicle Regn. No. | Engine No. | Chassis No. | Year of Mfg | Cubic Capacity | Vehicle Type |
| 13S SELF DRUM | UP31CH8515 | 1LA11E7RHK26232 | MBLHAW22XRHK12436 | 2024 | 100 | TW |
| Asset Declared Value (ADV) | Side Car ADV | Non-Electrical Accessories ADV | Electrical Accessories ADV | CNG/LPG/Bi-Fuel ADV | Total ADV | |
| 61500.00 | NA | 0.00 | 0.00 | 0.00 | 61500.00 | |
| Place of Regn. | Body Type | HP/Lease/Hire-Purchase Agreement | Branch Office of HP/Lease/Hire-Purchase | Seating Capacity | Offered Payment (incl. GST) | |
| LAKHIMPUR KHERI | Solo | MUTHOOT CAPITAL SERVICES LIMITED | --- | 2 | 1980.99 | |
| Address | | | City / District | Pin Code | State | |
| R/O BHANPUR BHAN, PUR, KHERI, PS- BHIRA, KHERI | | | LAKHIMPUR KHERI | 262901 | Uttar Pradesh | |
| Nominee Name | Nominee Gender | Nominee Age | Nominee Relation | Package Start Date | Package End Date | |
| SAVITRI DEVI | Female | 37 | MOTHER | 2025-11-09 14:17 | Midnight of 2026-11-08 | |

Section A, VRC: 823.30 TCR: 362.85 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 1186.15
 Section B, EC: 0.00 EC Service: 0.00 ECPD: 0.00 Sub Total: 0.00 TAC: 0.00 ENC: 0.00 EDC: 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: 299.02 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 53.82 Total with GST(D): 352.84
 Total(Section A+B+C+D) Offered Price After Discount: 1981

| Package Period Covered | 2025-11-09 To 2026-11-08 | 2026-11-09 To 2027-11-08 | 2027-11-09 To 2028-11-08 | 2028-11-09 To 2029-11-08 | 2029-11-09 To 2030-11-08 |
|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| ADV | 61500 | 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 2029-11-03 (DETAILS ARE AS 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 (other than samples or personal luggage) c) Organized Racing d) Pace Making e) Speed Testing f) Reliability Trials g) Any purpose in connection 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 may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of the 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/- Note: 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 or MotorSathi App.

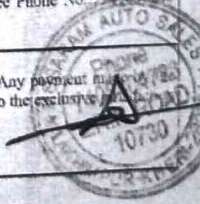
DISCLAIMER: The package stands cancelled or void in the event of Cheque Dishonored. The company may cancel the package by sending 7 days' notice in case of fraud, misrepresentation, nondisclosure of material fact or non-co-operation of the coverage.

ANTI MONEY LAUNDERING CLAUSE: In the event of a request under the package exceeding Rs 1lakh or a request for refund of payment exceeding Rs 1 lakh, the accountability will 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 Customer Care / Toll Free Phone No. 7941050643 email id: 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 by 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 Meerut.



Received with Thanks Rs 1980.99 ON 2025-11-09 from Mr./Ms. HIMANSHU DIWAKAR against the ARN No. INCP00492980
 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: D-27, Shastrri Nagar, Meerut, Uttar Pradesh, (250004), India



CERTIFICATE OF REGISTRATION

Registration No : UP31CH8515 Registration Date : 09-Nov-2024
 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 : HIMANSHU DIWAKAR Son/wife/daughter of : SRI OM PRAKASH
 Full Address: (Permanent) : R/O BHANPUR BHAN, PUR, KHERI, R/O BHANPUR BHAN, PUP, KHERI, PS- BHIRA, KHERI, UTTAR PRADESH-262901
 Full Address: (Temporary) : R/O BHANPUR BHAN, PUR, KHERI, R/O BHANPUR BHAN, PUR, KHERI, PS- BHIRA, KHERI-UTTAR PRADESH-262901
 Fitness UpTo : 08-Nov-2039 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 : AA1038764149 Rear HSRP No : AA1037074439
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 10/2024
 No of Cylinders : 1 Chassis No : MBLHAW22XRHK12436
 Engine No : HA11E7RHK26232 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ I3S (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 MUTHOOT CAPITAL SERVICES LIMITED, ERNAKULAM, ERNAKULAM, , Ernakulam, Kerala-682018 w.e.f. 04-Nov-2024.

| | | | |
|------------------------|---------------|---------------------|---------------------------|
| Purchase dt | : 04-Nov-2024 | Sale Amt | : 79026/- |
| OTT Date | : 04-Nov-2024 | Amount/Rcpt No | : 7903 / UP31D24110002002 |
| Vehicle is Govt./ Pvt. | : PRIVATE | Tax Exempted or Not | : NOT EXEMPTED |
| Date of Approval | : 07-Dec-2024 | | |

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

This certificate is valid from 09-Nov-2024 to 08-Nov-2039

Date : 18-Dec-2024 10:50:47
 Taxation Particulars / Advance Registration Mark Fee Details

पंजीयन अधिकारी
 Signature of Registering Authority
 मोटर वाहन विभाग
 लखीमपुर खोरी
 Date: 18-Dec-2024



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

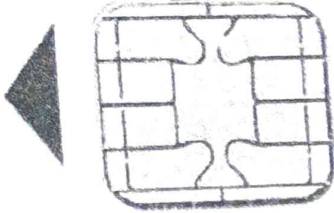
UP

UP70 19940001181

Issue Date Validity (NT) Validity(TR)*
28-07-2021 31-01-2026 27-07-2026



(01-05-1994)



Holder's Signature

Date of First Issue

Name: **PARAMJEET SINGH**
Date of Birth: **01-02-1976** Blood Group:
Son/Daughter/Wife of: **SULAKKHAN SINGH** Organ Donor: **N**

Address:
**VILL POST THANA BHIRA NEAR BADA
GURUDWARA PALIA, KHERI 262901**

DL No: UP70 19940001181

UPDL000005996438



Invalid Carriage (Regn Numbers)*

Hazardous Validity* Hill Validity*
07-05-2020

| Class of Vehicle | Code | Issued By | Date of Issue | Vehicle Category | Badge Number* | Badge Issued Date* | Badge Issued By* |
|------------------|-------|-----------|---------------|------------------|---------------|--------------------|------------------|
| | MCWG | UP70 | 01-05-1994 | NT | | | |
| | LMV | UP31 | 01-05-1994 | NT | | | |
| | TRANS | UP31 | 26-12-1996 | TR | | | |
| | MVSD | | | | | | |

Emergency Contact Number

Licensing Authority
UP31 LAKHIMPUR KHERI

Form 7 Rule 16(2)



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA



Download Date 30-11-2024

पत्तो:
S/O ओम प्रकाश, भानपुर, ., भानपुर, भानपुर, खीरी,
उत्तर प्रदेश - 262901



Address

S/O Om Prakash, Bhanpur, ., VTC: Bhan, Pur, PO:
Bhanpur, Sub District: Gola Gokaran Nath, District:
Kheri, S ate: Uttar Pradesh, PIN Code: 262901,

2547 2624 5168
VID : 9127 9177 9916 8764



1947



help@uidai.gov.in



www.uidai.gov.in



भारत सरकार
GOVERNMENT OF INDIA



Aadhaar no. issued 04/04/2015



हिमांशु दिवाकर
Himanshu Diwakar
जन्म तिथि / DOB : 20-09-2005
पुरुष / MALE
Mobile: 6386920709

2547 2624 5168
VID : 9127 9177 9916 8764

मेरा आधार, मेरी पहचान