

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.

MOSARAM AUTO SALES

ESTIMATE

Estimate No. 10730-03-REST-0126-798
 Customer Name SURAJ KUMAR
 VIN MBLHAW228RHL00482
 Insurance Company
 HMCGL Card No 1073025540000457

Date 18-01-2026
 Contact No. 9696932712
 Model SPLENDOR +
 Reg No. UP31CK1502
 HMCGL Card Category Gold

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	83410KWHHY0S -FR VISOR	87141090	Paid	937.29	1	9.00	9.00	0.00	0.00	0.00	0.00	1,106.00
2	33400KCC710S -WINKER ASSY R FR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
3	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
4	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
5	53178AAFH00S -LEVER COMP.L STRG.HNDL.	87141090	Paid	71.19	1	9.00	9.00	0.00	0.00	0.00	0.00	84.00
6	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
7	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
8	53200KCC690S -STEM COMP STRG	87141090	Paid	726.27	1	9.00	9.00	0.00	0.00	0.00	0.00	857.00
9	51410KTC901S -PIPE COMP.FR.FORK	87141090	Paid	859.32	2	9.00	9.00	0.00	0.00	0.00	0.00	2,028.00
10	17500AAEH00ZBS -FUEL TANK-BLACK (NH-1 (TYPE-2))	87141090	Paid	5,000.00	1	9.00	9.00	0.00	0.00	0.00	0.00	5,900.00
11	83500AAEH00ZBS -R SIDE COVERBLACK (NH1(TYPE2))	87141090	Paid	702.54	1	9.00	9.00	0.00	0.00	0.00	0.00	829.00
12	46544AAHF00S -RR BRAKE PEDAL & ROD SUB ASSY	87141090	Paid	710.17	1	9.00	9.00	0.00	0.00	0.00	0.00	838.00
13	K50506KCCA900RS -KIT STEP	87141090	Paid	190.68	1	9.00	9.00	0.00	0.00	0.00	0.00	225.00
Parts Total											0.00	26,973.00

Labour Details												
S No	Job Code	SAC No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	102032 - ACCIDENTAL LABOUR-SPLENDOR +	998729	Paid	1,695.00	1	9.00	9.00	0.00	0.00	0.00	0.00	2,000.10
Jobs Total											0.00	2,000.10

Parts Total	26,973.00
Labour Total	2,000.10
SGST (Parts) 9%	2,057.26
CGST (Parts) 9%	2,057.26
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
Total	28,973.10

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.	सुरज कुमार, 9696972712.
2	Vehicle No. / वाहन संख्या	UP31 CK 1502.
3	Policy No. / पालिसी संख्या	252400/31/2025/83626.
4	Period of Insurance / बीमा अवधि	06/02/2025 से 05/02/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	14/12/2026 11:00am.
6	Place of Accident / दुर्घटना का स्थान	सिमालीका स्पेन्सो के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	विकास सिंह खादक, 7355054965 UP3120190000588
8	Estimated Loss / अनुमानित हानि	
09. Cause of Accident / दुर्घटना का कारण : सिमालीका स्पेन्सो के पास सामने से मोटरसाइकिल से टक्कर हो गई जिससे मेरी गाड़ी दायी ओर गिरकर सतिमस्त 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.	MASARAM AUTO SALES, LPP ROAD LAKHIMPUR KHERI, 9151154036

सुरज कुमार

Date / दिनांक : 16/01/2026
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 MEERUT

Certificate/Policy No. 252400/31/2025/83626

Tel. No.

Period of Insurance 06/02/2025 से 05/02/2026
 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 : ASURAT KUMAR
 (b) Address for correspondence : R/O ATAUHA PS - DHUSURUO, ATRONWA, KHERI, OEL,
 (c) Telephone : 9696932712 PS-PHARDHAN/LAKHIMPUR

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>HAIJETR H200553</u> Chassis No. <u>MBLHAN228PH200482</u>	Registration No. <u>UP31CK</u> <u>1502</u>
---	---	--

- (a) Was the vehicle in proper working condition? Yes
 (b) For what purpose was the vehicle being used at the time of accident?
 (c) Was trailer attached?
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached
 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 : VIKAS SINGH YADAV
- (b) Age : 01/06/1999
- (c) Address : VILL-PAYAG PS-BADHAMARI, THANA-PHOOL
BEHAR LAKHIMPUR-KHERI
- (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 : UP31 2019 000 0588
- (h) Issuing Authority : 11/01/2019
- (i) Date of Expiry : 10/01/2039
- (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 : 14/1/2026 11:00am
- (b) Place : पोनालिका रजिस्ट्री के पास
- (c) Speed of vehicle at the time of accident : 30-40
- (d) Give a short description of the accident : पोनालिका रजिस्ट्री के पास सामने से मोटर साइकिल से
- (e) If any third party was responsible for this accident give the name and address : चोक हो गई जिससे मेरी गाड़ी टक्का और गिरकर सति-सतत हो गई।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND RIGHT
- (b) Estimated cost of repairs
- (c) When and where can the damaged vehicle be inspected : MOSARAM AUTO SALES LRPRROAD
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?
- 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? : _____
- (d) If yes, to which Police Station? : _____
- (e) Date and Diary No. : _____

NIA

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? : _____
- (g) When? : _____
- (h) Which Policy Station? : _____
- (i) C.R. diary Number : _____

NA

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 16/01 2006

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. LIP31CK1502 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 [Handwritten Signature]
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

FORM 60

[See third provision to of Rule 114B]

Form of Declaration to be filled by a person who does not have either permanent account number of general index Register Number and who makes payment in respect of transaction specified in clauses (c) to (f) of rule 114B of the income Tax Act, 1962.

1. Full Name and Address of the declarant SURAJ KUMAR, S/O JAGAT KUMAR
STRAHA, PS-DHUSUROO, ATKONWA, KHERI, OEL, UTTAR
PRADESH, 262725

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, SURAJ KUMAR do hereby declare that what is stated above is true to the best of my knowledge and belief.

Date 16/01/2026

Place KHERI

[Signature]
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.



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID : PGIR0928

Page No: 1

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE						
(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)						
DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FIH MISTAN CINEMA MEERUT, 01214663570, (GSTIN: 09AAACT0627R4ZU)						
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-5 Years)		Policy Issued On	06-FEB-25		
Policy No	252400/31/2025 83626		Proposal No. & Date	R/252400/31/2025/63315 & 06-FEB-2025		
Agent/Broker Code	BA0000155144		Policy Period (OWN DAMAGE)	FROM 19:17 ON 06/02/2025 TO MIDNIGHT OF 05/02/2026		
Agent/Broker Name	ADHINAV BHATI		Policy Period (LIABILITY)	FROM 19:17 ON 06/02/2025 TO MIDNIGHT OF 05/02/2026		
Insured Name	SURAJ KUMAR (GSTIN: 0)				Lead / Breakin No	/
Insured Address	C/O SRI JAGAT KUMAR, R/O ATAUAH POST DHUSUROO, ATKONWA, KHERI, OFL, PS-PHARDHAN, LAKHIMPUR KHERI, N.A.			Insured State	UTTAR PRADESH	
INSURED MOTOR VEHICLE DETAILS			INSURED DECLARED VALUE (IDV) (in Rs.)			
Make	HERO MOTOCORP		Vehicle	75873		
Model & Variant	HERO SPI ENDOR PLUS FI		Electrical Accessories	0		
Registration No	NEW		Non Electrical Accessories	0		
Year Of Manufacture	2025		Total IDV	75873		
Engine - Chassis No	11A11E7RHL00553 - MBLH1AW228R1L00482		IMF CONTRACT NO			
Cubic Capacity	100		Policy Type	Zone B - Rest of India		
Seating Capacity	1 + 1		Geographical Area	INDIA		
Type Of Body	SOLO	Type Of Fuel	PETROL			
RTO Location						
Schedule Of Premium (Amount in Rs.)						
OWN DAMAGE SECTION(A)			LIABILITY SECTION (B)			
Vehicle	1271.63		Basic Third Party Liability	3851		
Elec Accessories	0		Compulsory PA Cover Premium	0		
Non-Elec Accessories	0		PA Cover for 0 Person Of Rs (0) each (IMT-16)	0		
Basic Premium	1271.63		Legal Liability (WC) to driver (IMT-28)	0		
Geographical Area Extn (IMT -1)	0		Legal Liability to Employees (IMT-29)	0		
Driving Tuition Loading On OD Premium (60%)	0		Legal Liability to Passenger (IMT-46)	NA		
Sub-Total Additions	0		Driving Tuition Loading On TP Premium (60%)	0		
Deductibles			PA Paid Driver, Conductor, Cleaner-GR36B3	0		
Voluntary Deductibles (IMT 22A)	0		Net Liability Premium (B)	3851		
Anti-Theft Device (IM T-10)	0		Total Premium (A+B)	4042		
AAI Membership (IMT-8)	0		GST	728		
No Claim Bonus	0		SERVICE TAX	0		
Discount for vehicle designed for handicapped	0		STAMP DUTY	0.00		
SIP Discount	1081		Swachh Bharat Cess@0.50%	0		
Sub -Total Deductibles	1081		Krishi Kalyan Cess@0.50%	0		
Add-On Coverages			Gross Premium Paid	4770		
NIL Depreciation			Note:			
Return to Invoice	0		1. Policy Issuance is the subject to the realisation of cheque			
Key Replacement	0		2. Consolidated Stamp Duty paid via Challan No			
Consumables	0		3. The Policy is subject to a compulsory Deductible of Rs 0(IMT-22)			
Sub Total Add-on Coverages	0		4. Voluntary excess Rs(0)			
Net own Damage Premium(A)	191		5. Subject to Endorsements IMT,7,10,28.			
Nominee Details :	Nominee Name	Age	Relation			
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name		Amount	
Financer Type	Financer Name	SHIRAM FINANCE LIMITED		Financer Branch		
POS Name	POS ID	NA		POS PAN NO/Aadhar No	NA	

In the event of a claim under the policy exceeding Rs.1lac or a claim for refund of premium exceeding Rs1lac, the insured will comply with the provisions of the AML policy of the Company. The AML 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, IMTs and OIC endorsements mentioned herein above which are available on company's website: www.orientalinsurance.org or on demand from the policy issuing office.

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (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 this 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 authorised by and on behalf of the company has here in to set his/their hands at 252400 on 06-FEB-25

IMPORTANT NOTICE

The Insured 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 in order to comply with the MV Act, 1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".

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 trails (7) Any 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 learner's license may also drive vehicle & that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989

Limits of Liability Clause: Under section II-1 (i) of the policy - Death of or body injury. Such amount necessary to meet the requirement of the motor vehicle act 1988. Under Section II-1 (ii) of the policy - Damage to third party property is Rs.7.5 lakhs P.A. Cover under section III for owner-driver is RS

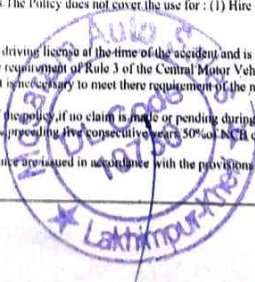
No Claim bonus: The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy, if no claim is made or pending during the preceding years(s), as per the: The preceding year/20%, preceding two consecutive years/25%, preceding three consecutive years/35%, preceding five consecutive years/45%, preceding ten consecutive years/50%. NCB on OD premium. No Claim bonus only be allowed provided the policy is renewed within 90 days of the previous policy.

I/We hereby certify that the policy to which this certificate relates as well as the certificate of insurance are issued in accordance with the provisions of chapter X and XI of M.V. Act, 1988.

* This insurance excludes all pre-existing damages



Approved By : 2550928MD
Approved On : 06-FEB-25
Place : MRI
Printed On : 06-FEB-25



For and on behalf of
The Oriental Insurance Company Limited

General Manager
Authorized Signature



GOVERNMENT OF UTTAR PRADESH

Transport Department LAKHIMPUR KHERI

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP31CK1502 Registration Date : 09-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 : SURAJ KUMAR Son/wife/daughter of : SRI JAGAT KUMAR
 Full Address: (Permanent) : R/O ATAUAHA POST DHUSUROO, ATKONWA KHERI OEL, PS- PHARDHAN, KHERI, UTTAR PRADESH-262725
 Full Address: (Temporary) : R/O ATAUAHA POST DHUSUROO, ATKONWA KHERI OEL, PS- PHARDHAN, KHERI- UTTAR PRADESH-262725

Fitness UpTo : 08-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 : AA2120938542 Rear HSRP No : AA2120644830
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2024
 No of Cylinders : 1 Chassis No : MBLHAW228RHL00482
 Engine No : HA11E7RHL00553 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
 Sleepar 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. : As Regd. :

Description	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 LIMITED, KANPUR, KANPUR, , Kanpur Nagar, Uttar Pradesh-208002 w.e.f. 06-Feb-2025.

Purchase dt : 06-Feb-2025 Sale Amt : 79866/-
 OTT Date : 06-Feb-2025 Amount/Rcpt No : 7987 / UP31D25020001326
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 19-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 09-Feb-2025 to 08-Feb-2040

Date : 05-Mar-2025 09:55:04

Taxation Particulars / Advance Registration Mark Fee Details

पंजीयन अधिकारी
 Signature of Registering Authority
 Date: 05-March-2025

Q 1568985

UNION OF INDIA **Driving Licence** (UP) (NT)

UP31 20190000588



जारी करने की तिथि / Date of Issue: 11/01/2019

वैधता / Validity: 10/01/2039

जन्म तिथि / Date of Birth: 01/06/1999

Blood Group: Unknown

नाम / Name: **VIKAS SINGH YADAV**

पिता/पति का नाम / Son/Daughter/Wife of: **MAHESH KUMAR YADAV**

UP31 20190000588



LMV
11/01/2019



MCWG
11/01/2019



(UP)

Form 7 Rule 16(2)

पता / Address:
**VILL PAYAG POST BASHA MAFI
 THANA PHOOLBEHAR TEHSL LAKHIMPUR
 Lakhimpur.Kheri,UP - 262726**

Holder's Signature

जारीकर्ता / Issuing Authority Sign
LAKHIMPUR KHERI

Vikas

7355054965


भारत सरकार
Government of India




सूरज कुमार
Suraj Kumar
जन्म तिथि / DOB : 01/01/1997
पुरुष / Male



6397 6684 7601

आधार - आम आदमी का अधिकार



आधार


भारत सरकार विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India


पता:
संबोधित: जगत कुमार, अटौहा पोस्ट
धुसुरू, अटकोवा, खीरी, ओएल, उत्तर
प्रदेश, 262725

Address:
S/O: Jagat Kumar, atauha post
dhusuroo, Atkonwa, Kheri, Oel,
Uttar Pradesh, 262725

6397 6684 7601

 1947
1800 300 1947

 help@uidai.gov.in

 www.uidai.gov.in