

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-0126-810	Date	22-01-2026
Customer Name	KULDEEP KUMAR	Contact No.	7275506108
VIN	MBLJAW397R9M00399	Model	SUPER SPLENDOR XTEC
Insurance Company		Reg No.	UP31CK2519
HMCGL Card No	1073024890004373	HMCGL Card Category	Gold

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	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
2	83600ADG000RS -SIDE COVER LEFT NH-1	87141090	Paid	702.54	1	9.00	9.00	0.00	0.00	0.00	0.00	829.00
3	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
4	K50508AANNB00S -KIT ENGINE GUARD	87149100	Paid	288.98	1	9.00	9.00	0.00	0.00	0.00	0.00	341.00
5	77235ADG000RS -CENTER REAR COWL NH-1	87141090	Paid	194.92	1	9.00	9.00	0.00	0.00	0.00	0.00	230.00
6	77250ADG000RS -COWL REAR LEFT NH-1	87141090	Paid	585.59	1	9.00	9.00	0.00	0.00	0.00	0.00	691.00
7	83500ADG000RS -SIDE COVER RIGHT NH-1	87141090	Paid	702.54	1	9.00	9.00	0.00	0.00	0.00	0.00	829.00
8	53100AAGA00S -PIPE STRG HANDLE	87141090	Paid	429.66	1	9.00	9.00	0.00	0.00	0.00	0.00	507.00
9	53200AAF400S -STEM COMP STRG	87141090	Paid	687.29	1	9.00	9.00	0.00	0.00	0.00	0.00	811.00
10	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
Parts Total											0.00	13,356.00

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	1,272.00	9.00	9.00	0.00	0.00	0.00	0.00	1,500.96	
Jobs Total											0.00	1,500.96

Parts Total	13,356.00
Labour Total	1,500.96
SGST (Parts) 9%	1,018.68
CGST (Parts) 9%	1,018.68
SGST (Labour) 9%	114.48
CGST (Labour) 9%	114.48
Total	14,856.96

Rupees in Words: Fourteen Thousand Eight Hundred Fifty Six and paise Ninety Six Only

Authorised Signatory

1. Terms Cash

10730 - Main W/S

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

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.	कुलदीप कुमार, 9026377351
2	Vehicle No. / वाहन संख्या	UP31CK2519
3	Policy No. / पालिसी संख्या	252400/31/2025/85912
4	Period of Insurance / बीमा अवधि	14/02/2025 से 13/02/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	18/01/2026 11:30am
6	Place of Accident / दुर्घटना का स्थान	बौठा गाँव के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	कुलदीप कुमार, 9026377351 UP3120210015756
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	बौठा गाँव के पास ट्रेक्टर वाले ने बाँधी ओर से टक्कर मार दी जिससे मेरी गाड़ी बाँधी ओर गिरकर सातिसस्त हो गई। मेरी गाड़ी में स्थिति खराब रहा था।
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.	MOSARRAM AUTO SALES, LRP ROAD, LAKHIMPUR-KHERI 9151154036

Date / दिनांक : 20/01/2026
हस्ताक्षर

कुलदीप कुमार
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. 252400/31/2025/85912

Tel. No.

Period of Insurance 14/02/2025 to 13/02/2026
 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 : KULDEEP KUMAR
 (b) Address for correspondence : R/O PHARDHAN, PHARDHAN, KHERI PS. PHARDHAN
 (c) Telephone : 902637351 LAKHIMPUR, KHERI

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>JA07NMR9M02264</u> Chassis No. <u>MBLTAW397R9M00399</u>	Registration No. <u>UP31CK</u> <u>2519</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?
 (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 to 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 : KULDEEP KUMAR
(b) Age : 12/08/1996
(c) Address : VII PHARDHAN P. PHARDHAN, THANA - PHARDHAN DIST - KHERI, LAKHIMPUR - KHERI, 262701
(d) Is the Driver
1. Owner : Yes
2. paid driver? : No
3. Owner's relative or friend? : No
(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 20210015756
(h) Issuing Authority : 14/06/2023
(i) Date of Expiry : 11/08/2038
(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 : 18/01/2026 11:30 am
(b) Place : बाँटा गाँव के पास
(c) Speed of vehicle at the time of accident : 30-40 km
(d) Give a short description of the accident : बाँटा गाँव के पास ट्रैक्टर वाले ने बाँयाँ ओर से चक्कर मार ली जिससे मेरी गाड़ी बाँयाँ ओर टिककर भाति गस्त हो गई
(e) If any third party was responsible for this accident give the name and address : N/A

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : RIGHT AND LEFT
(b) Estimated cost of repairs : N/A
(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, 20/01/2006

Signature of the insured [Handwritten 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. UP31CK2519 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 कुमारी पंकज
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID : PGIR0928

Page No: 1

Signer: RAJIV KUMAR GUPTA
Date: Feb 14, 2025 11:00:47 IST
Reason: Signing Policy for OICL

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE			
(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)			
DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01214063570, (GSTIN: 09AAACT0627R4ZU)			
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))	Policy Issued On	14-FEB-25
Policy No	252400/31/2025/85912	Proposal No. & Date	R/252400/31/2025/64966 & 14-FEB-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 16:43 ON 14/02/2025 TO MIDNIGHT OF 13/02/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 16:43 ON 14/02/2025 TO MIDNIGHT OF 13/02/2030
Insured Name	KULDEEP KUMAR (GSTIN: 0)		
Insured Address	C/O SRI VIJAY KUMAR, R/O PHARDHAN, FARDHAN KHERI, PS- PHARDHAN, LAKHIMPUR KHERI, , NA,		Lead / Breakin No / Insured State
INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (In Rs.)	
Make	HERO MOTOCORP	Vehicle	82138
Model & Variant	HERO SUPER SPLENDOR DSS XTECH	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	82138
Engine -Chassis No	JA07AMR9M02264 - MBLJAW397R9M00399	TMF CONTRACT NO	
Cubic Capacity	125	Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1	Geographical Area	INDIA
Type Of Body	SOLO	Type Of Fuel	PETROL
RTO Location			

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1376.63	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	1376.63	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-16)	NA
Sub-Total Additions	0	Driving Tuition Loading On TP Premium (60%)	NA
Deductibles		PA Paid Driver, Conductor, Cleaner-GR36B3	0
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	3851
Anti- Theft Device (IMT-10)	0	Total Premium (A+B)	4058
AAI Membership (IMT-8)	0	GST	730
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMPDUTY	0.00
SIP Discount	1170	Swachh Bharat Cess@0.50%	0
Sub -Total Deductibles	1170	Krishi Kalyan Cess@0.50%	0
Add-On Coverages		Gross Premium Paid	4788
NIL Depreciation			
Return to Invoice	0	Note:	
Key Replacement	0	1. Policy Issuance is the subject to the realisation of cheque	
Consumables	0	2. Consolidated Stamp Duty paid via Challan No	
Sub Total Add-on Coverages	0	3. The Policy is subject to a compulsory Deductible of Rs 0(IMT-22)	
Net own Damage Premium(A)	207	4. Voluntary excess Rs(0)	
		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
			4788
POS Name	NA	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.in 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 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 authorised by and on behalf of the company has/have herein to set his/their hands at 252400 on 14-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 MVA 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 is 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 year(s) as per the. The preceding year/20%, preceding two consecutive years/25%, preceding three consecutive years/33%, preceding five consecutive years/45%, preceding five consecutive years/50% of 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 : 9221378MD
Approved On : 14-FEB-25
Place : MRT
Printed On : 14-FEB-25





Transport Department LAKHIMPUR KHERI

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP31CK2519 Registration Date : 15-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 : KULDEEP KUMAR Son/wife/daughter of : S/O SRI VIJAY KUMAR
 Full Address: (Permanent) : R/O PHARDHAN, FARDHAN, KHERI, PS- PHARDHAN, KHERI, UTTAR PRADESH-262701
 Full Address: (Temporary) : R/O PHARDHAN, FARDHAN, KHERI, PS- PHARDHAN, KHERI-UTTAR PRADESH-262701
 Fitness UpTo : 14-Feb-2040 Owner Serial No : 1

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Ownership : INDIVIDUAL No : BHARAT STAGE VI
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2120938710 Rea ISRP No : AA2120644998
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 12/2024
 No of Cylinders : 1 Chassis No : MBLJAW397R9M00399
 Engine No : JA07AMR9M02264 F : 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 : MATT GREY 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 : 14-Feb-2025 Sale Amt : 86461/-
 OTT Date : 14-Feb-2025 Amount/Rcpt No : 8647 / UP31D25020002366
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 28-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 15-Feb-2025 to 14-Feb-2040

Date : 08-Mar-2025 10:26:06

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 08-Mar-2025

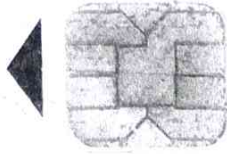
Q 1643730



Indian Union Driving Licence
Issued by Uttar Pradesh

UP

UP31 20210015756



Issue Date **14-06-2023** Validity (NT) **11-08-2030** Validity (TR)* **13-06-2028**



Holder's Signature

(21-10-2021)

Date of First Issue

Name: **KULDEEP KUMAR**
 Date of Birth: **12-08-1996** Blood Group: Organ Donor: **N**
 Son/Daughter/Wife of: **VUAY KUMAR**
 Address:
VILL PHARDHAN POST PHARDHAN THANA
PHARDHAN DISTT KHERI Lakhimpur, Lakhimpur
Kheri, UP 262701

DL No: UP31 20210015756

UPDL 000011103993



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	21-10-2021	NT			
	LMV	UP31	21-10-2021	NT			
	TRANS	UP31	14-06-2023	TR			
MVSD							

Emergency Contact Number

[Signature]
 Licensing Authority
UP31 LAKHIMPUR KHERI

Form 7 Rule 16(2)



भारत सरकार
Government of India



Aadhaar no. issued: 180802025



कुलदीप कुमार
Kuldeep Kumar
जन्म तिथि/DOB: 12/08/1996
पुरुष / MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सर्वोपलब्ध ऑनलाइन प्रमाणीकरण, या कस्टमर सेंटर/प्रमाणित एजेंटों के माध्यम से किया जाना चाहिए।
Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XMR)

7981 0214 5679

मेरा आधार, मेरी पहचान



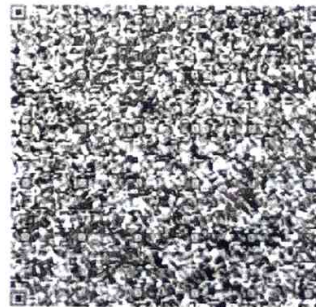
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Details as on: 1/08/2025

पता:
आत्मज: विजय कुमार, फरधान, फरधान, फरधान, खीरी,
उत्तर प्रदेश - 262701

Address:
S/O: Vijay Kumar, PHARDHAN, Phardhan, PO:
Fardhan, DIST: Kheri,
Uttar Pradesh - 262701



7981 0214 5679

VID : 9127 3747 1109 6745

☎ 1947

✉ help@uidai.gov.in

🌐 www.uidai.gov.in

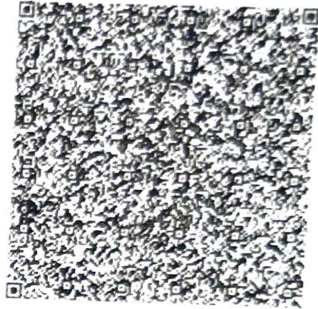
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
POSPK4374C



नाम / Name

KULDEEP KUMAR

पिता का नाम / Father's Name

VIJAY KUMAR

जन्म की तारीख / Date of Birth

12/08/1998

कुलदीप कुमार

हस्ताक्षर / Signature

23699