

**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-0126-818  
 Customer Name AMIT KUMAR  
 VIN MBLHAW21XSHB04706  
 Insurance Company  
 HMCGL Card No  
 Part Details

Date 25-01-2026  
 Contact No. 8299517045  
 Model SPLENDOR+ XTEC  
 Reg No. UP31CK2928  
 HMCGL Card Category

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	% Discount	Discount	Net Amount
1	61100AAEB00TS -FENDER COMPLETE FRONT (NH-341P)	87141090	Paid	1,077.97	1	9.00	9.00	0.00	0.00	0.00	0.00	1,272.00
2	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
3	33100AAEC1099S -LIGHT ASSEMBLY HEAD	85122010	Paid	453.39	1	9.00	9.00	0.00	0.00	0.00	0.00	535.00
4	3340AKCC710S -WINKER ASSY R FR(W/O BULB)	85122010	Paid	177.97	1	9.00	9.00	0.00	0.00	0.00	0.00	210.00
5	33450KCC710S -WINKER ASSY L FR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
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	53200AAE300S -STEM COMP STRG	87141090	Paid	741.53	1	9.00	9.00	0.00	0.00	0.00	0.00	875.00
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	88110AAEH31S -MIRROR ASSEMBLY RIGHT BACK	70091090	Paid	118.64	1	9.00	9.00	0.00	0.00	0.00	0.00	140.00
10	88120AAEH31S -MIRROR ASSEMBLY LEFT BACK	70091090	Paid	118.64	1	9.00	9.00	0.00	0.00	0.00	0.00	140.00
11	53175AAFH00S -LEVER COMP.R STRG.HNDL.	87141090	Paid	77.97	1	9.00	9.00	0.00	0.00	0.00	0.00	92.00
12	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
13	64311KCC860S -BRACKET COMPLETE FRONT NUMBER PLATE	87141090	Paid	27.12	1	9.00	9.00	0.00	0.00	0.00	0.00	32.00
14	35010AAE301S -"KIT, LOCKS & KEYS"	83012000	Paid	707.63	1	9.00	9.00	0.00	0.00	0.00	0.00	835.00

Parts Total 0.00 8,576.00

**Labour Details**

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	% Discount	Discount	Net Amount
1	102032 - ACCIDENTAL LABOUR-SPLENDOR+ XTEC	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	8,576.00
Labour Total	2,000.10
SGST (Parts) 9%	654.10
CGST (Parts) 9%	654.10
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
<b>Total</b>	<b>10,576.10</b>

To / सेवा में,  
The Oriental Insurance Co Ltd /  
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड  
MERRUT

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.	AMIT KUMAR, 8299517045
2	Vehicle No. / वाहन संख्या	UP31CK2928
3	Policy No. / पालिसी संख्या	252400/31/2025/86463
4	Period of Insurance / बीमा अवधि	16/02/2025 से 15/02/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	23/01/2026, 3:00 PM
6	Place of Accident / दुर्घटना का स्थान	फूलबेहड़ा चौराहे के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	KULDEEP SINGH, 9839747775 UP3120200003722
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	फूलबेहड़ा से लखीमपुर आ रहे थे तभी अचानक फूलबेहड़ा चौराहे के पास सामने से बन्दरी आ गई जिससे मुझे ब्रेक लगाना पड़ा जिससे बेसी गाड़ी अविधानित होकर थोपी ओर गिरफ्त करिगएर 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 WAKHTMPUR KHARI, 9151154036

Date / दिनांक : 24/01/2026  
हस्ताक्षर

Signature of Insured / बीमाधारक के  
Amit Kumar



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 MERUT Certificate/Policy No. 252400/31/2025/86463  
 Tel. No. Period of Insurance 16/02/25 to 15/02/26  
 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 : AMIT KUMAR  
 (b) Address for correspondence R/O: PHOOL BEHAR KHERI, PS-PHOOLBEHAR  
 (c) Telephone : 829951045

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>HAM1E7SNB09697</u> Chassis No. <u>MBLHAW2IXSHB04706</u>	Registration No. <u>UP31CK</u> <u>2928</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 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 SINGH
- (b) Age : 01/01/1990
- (c) Address : VILL/PO- PHOOLBENAR P.S.-PHOOLBENAR MKNIMPOR KHERT
- (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 : UP3120200003722
- (h) Issuing Authority : 26/02/2020
- (i) Date of Expiry : 25/02/2030
- (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 : 23/01/2026, 3:00 PM
- (b) Place : फूलबेनर चौराहे के पास
- (c) Speed of vehicle at the time of accident : 30-40 km
- (d) Give a short description of the accident : फूलबेनर चौराहे के पास सामने से एक गाड़ी बिसले मुझे ब्रेक लगाया पडा बिसले मेरी गाड़ी अग्रिमतित हुवा चोरी और
- (e) If any third party was responsible for this accident give the name and address : मिलकर हातिमरहात हो गई।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND RIGHT
- (b) Estimated cost of repairs : MOSARAM AUTO SALES I RP ROAD
- (c) When and where can the damaged vehicle be inspected : MKNIMPOR KHERT 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? : \_\_\_\_\_
- (b) If yes, give full details : \_\_\_\_\_

N/A

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. : \_\_\_\_\_

N/A

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 : \_\_\_\_\_

N/A

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 24/01/2006

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. UP31CK 2988 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 .....



The Oriental Insurance Company Ltd.  
Policy Schedule

Report ID : PGR0928

Page No: 1

Signer: RAJIV KUMAR GUPTA  
Date: Sun, Feb 16, 2025 17:37:56 IST  
Printer: Signature Pad for OIC

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_m (GSTIN: 09AAACT0627R4ZU)			
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))	Policy Issued On	16-FEB-25
Policy No	252400/31/2025/86463	Proposal No. & Date	R/252400/31/2025/65388 & 16-FEB-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 17:55 ON 16/02/2025 TO MIDNIGHT OF 15/02/2026
Agent/Broker Name	ABHINAV BHATTI	Policy Period (LIABILITY)	FROM 17:55 ON 16/02/2025 TO MIDNIGHT OF 15/02/2030
Insured Name	AMIT KUMAR (GSTIN: 0)		
Insured Address	C/O SRI HARISHCHNDR, R/O PHOOL BEHAD, PHOOL BEHAR KHERI,PS- PHOOLBEHAR,LAKHIMPUR KHERI, NA,	Lead /Brenkin No Insured State	/ UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (In Rs.)	
Make	HERO MOTOCORP	Vehicle	77521
Model & Variant	HERO SPLENDOR PLUS XTECH E20	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	77521
Engine-Classes No	BA11E7SHB09697 - MBLHAW21XSHB04706	TMF 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	1299.25	Basic Third Party Liability	3851
Elect Accessories	0	Compulsory PA Cover Premium	0
Non-Elect Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	1299.25	Legal Liability (WC) to driver (IMT-28)	0
Geographical Area (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 (A)	0	Driving Tuition Loading On TP Premium (60%)	NA
Deductibles		PA Paid Driver, Conductor, Cleaner-GR36R3	0
Voluntary Deductible (IMT 22A)	0	Net Liability Premium (B)	3851
Anti-Theft Device (M11-10)	0	Total Premium (A+B)	4046
AAI Module (M11-8)	0	GST	728
No Claim Bonus	0	SERVICE TAX	0
Discount on M11 designed for handicapped	0	STAMP DUTY	0.00
SIP Discount	1104	Swachh Bharat Cess@0.50%	0
Sub-Total (A)	1104	Krishi Kalyan Cess@0.50%	0
Add-On Coverages		Gross Premium Paid	4774
NIL Depreciation			
Return to Insurer	0		
Key Return	0		
Consumables	0		
Sub Total Add-on Coverages	0		
Net own Premium (A)	195		

- Note:
1. Policy Issuance is the subject to the realisation of cheque
  2. Consolidated Stamp Duty paid via Challan No
  3. The Policy is subject to a compulsory deductible of Rs 0(IMT-22)
  4. Voluntary excess Rs(0)
  5. Subject to Endorsements IMT,7,10,28,

Nominee Details		Payment Details	
Nominee Name	Age	Payment Method	Amount
		Cheque No./Transaction No.	4774
		Bank Name	
		POS ID	NA
		POS PAN NO/Aadhar No	NA

In the event of a claim on the policy exceeding Rs.1lac or a claim for refund of premium exceeding Rs.1lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating offices on the company's website.

The insured hereby declares that he/she is subject to conditions, clauses, warranties, exclusions, IMTs and OIC endorsements mentioned herein above which are available on company's website: [www.orientalinsurance.com](http://www.orientalinsurance.com) or on demand from the policy issuing office.

Warranted that the amount of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

Claim will be payable only if a valid Driving License is found fake or is not valid whether or not in the Knowledge of the insured.

I/We hereby declare 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.

IMPORTANT NOTE: The insured hereby declares that he/she is authorised by and on behalf of the company has/have herein to set his/his hands at 252400 on 16-FEB-25.

The Insured hereby declares that 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 shall be void from the insured. See the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".

**Limitations:** This policy is 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) Public Racing (5) Speed testing (6) Reliability trails (7) Any Public or Commercial use with motor trade.

**Driver's Conditions:** This policy covers 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 holds a valid license for the vehicle and that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989.

**Limits of Payment:** The maximum amount payable 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 in the event of an accident. The maximum amount payable under section III for owner-driver is RS 1000000.

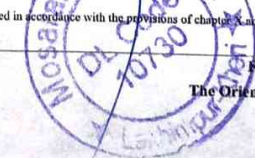
**No Claim Bonus:** A No Claim Bonus (NCB) on the own damage section of the policy, if no claim is made or pending during the preceding year(s), as per the. The preceding year 20%, preceding two consecutive years 35%, preceding three consecutive years 45%, preceding five consecutive years 50% of NCB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

I/We hereby declare 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 policy does not cover existing damages

Approved By: 9221378MD  
Approved On: 16-FEB-25  
Place: MRT  
Printed On: 16-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 : UP31CK2928 Registration Date : 18-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 : AMIT KUMAR Son/wife/daughter of : S/O SRI HARISHCHNDR  
Full Address: (Permanent) : R/O PHOOL BEHAD, PHOOL BEHAR, KHERI, PS- PHOOLBEHAR, KHERI, UTTAR PRADESH-262701  
Full Address: (Temporary) : R/O PHOOL BEHAD, PHOOL BEHAR, KHERI, PS- PHOOLBEHAR, KHERI-UTTAR PRADESH-262701

Fitness UpTo : 17-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 : AA2120939143 Rear HSRP No : AA2120645431  
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 02/2025  
No of Cylinders : 1 Chassis No : MBLHAW21XSHB04706  
Engine No : HA11E7SHB09697 Fuel : PETROL  
Horse Power(BHP) : 7.91 Cubic Capacity : 97.20  
Maker's Classification : SPLENDOR+ XTEC (DRS) Wheel base : 1235  
Seating Cap(in all) : 2 Standing Cap : 0  
Sleepar Cap : 0 Unladen Wt (kgs) : 112  
Colour : BLACK TORNADO GREY Laden/GV Wt (kgs) : 242  
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 : 16-Feb-2025 Sale Amt : 81601/-  
OTT Date : 16-Feb-2025 Amount/Rcpt No : 8161 / UP31D25020002802  
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 18-Feb-2025 to 17-Feb-2040

Date : 08-Mar-2025 10:18:37

Taxation Particulars / Advance Registration Mark Fee Details

पंजीयन अधिकारी  
Signature of Registering Authority  
Date : 08-Mar-2025

Q 1643641

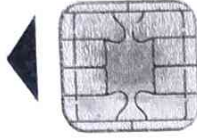
Government of Uttar Pradesh Government of Uttar Pradesh  
Government of Uttar Pradesh Government of Uttar Pradesh



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

UP

**UP31 20200003722**



Issue Date **26-02-2020** Validity (NT) **25-02-2030**

Validity(TR)\*  
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Holder's Signature

Date of First Issue **(26-02-2020)**

Name: **KULDEEP SINGH**  
Date of Birth: **01-01-1990** Blood Group: \_\_\_\_\_  
Son/Daughter/Wife of: **SATISH SINGH**

Organ Donor: **N**

Address:  
**VILL POST PHOOLBEHAR PS PHOOLBEHAR  
Lakhimpur, Kheri, UP 261506**

**DL No: UP31 20200003722**

UPDL.00002664300



Invalid Carriage (Regn Numbers)\*  
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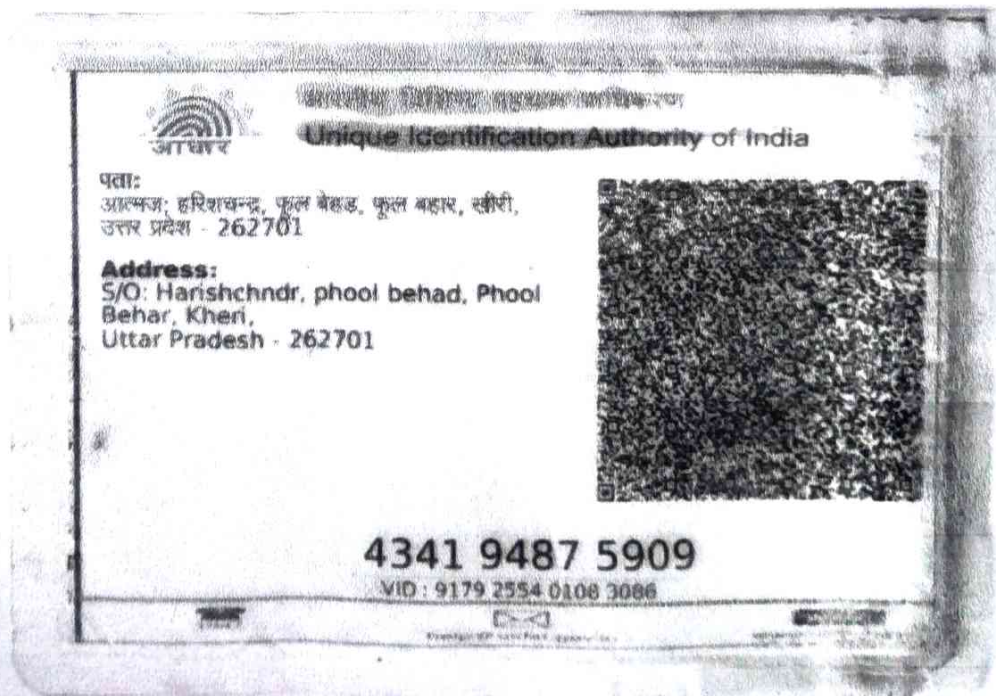
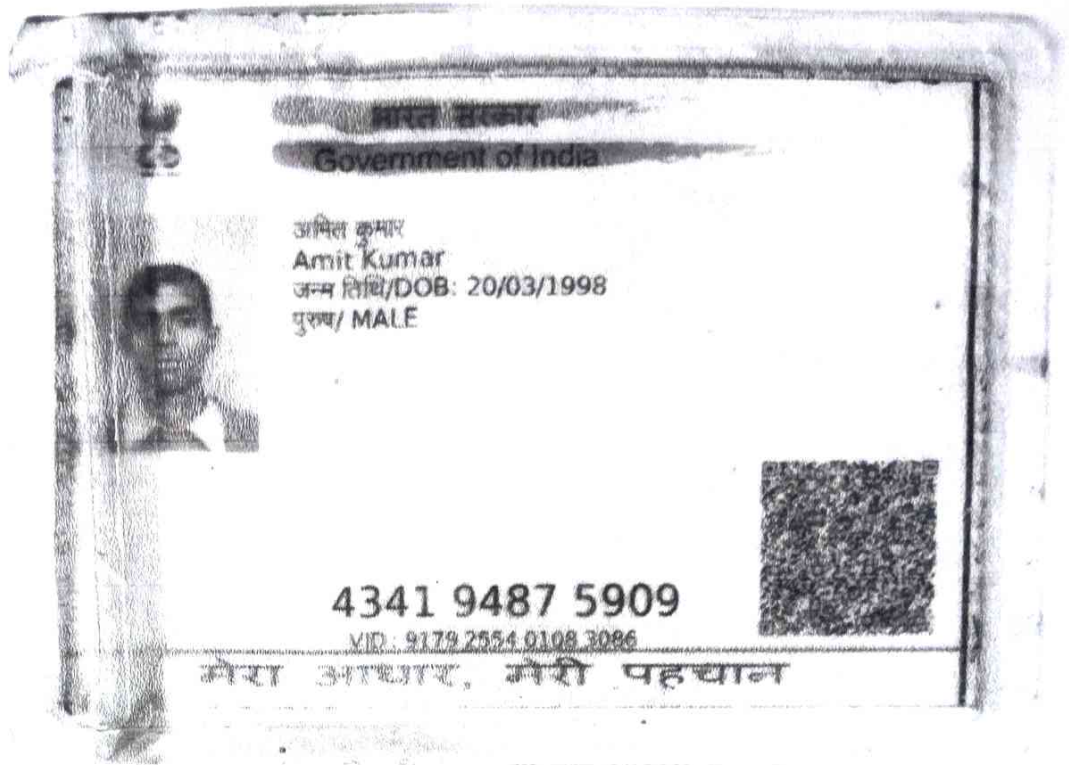
Hazardous Validity\* Hill Validity\*  
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Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number*	Badge Issued Date*	Badge Issued By*
MCWG	UP31	26-02-2020	NT				
LMV	UP31	26-02-2020	NT				
MVSD							

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority  
**UP31 LAKHIMPUR KHERI**



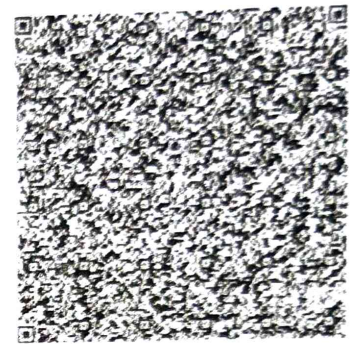
आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card  
JGFPK9138D



नाम / Name

AMIT KUMAR

पिता का नाम / Father's Name

HARISHCHNDR

जन्म की तारीख / Date of Birth  
20/03/1998

27767

हस्ताक्षर / Signature

*Amit Kumar*