

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.

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 LAKHIMPUR KHERI, LAKHIMPUR, KHERI, 262701, UP, INDIA
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ESTIMATE

Estimate No.	10730-03-REST-0126-827	Date	27-01-2026
Customer Name	JAHARUDDEEN ...	Contact No.	7390903049
VIN	MBLHAW214SHA09901	Model	SPLENDOR+ XTEC
Insurance Company		Reg No.	UP31CK0139
HMCGL Card No		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	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
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	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
6	53200AAE300S -STEM COMP STRG	87141090	Paid	741.53	1	9.00	9.00	0.00	0.00	0.00	0.00	875.00
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	51400KSTA11S -FORK ASSY R FR	87141090	Paid	1,991.53	1	9.00	9.00	0.00	0.00	0.00	0.00	2,350.00
9	51500KSTA11S -FORK ASSY L FR	87141090	Paid	1,991.53	1	9.00	9.00	0.00	0.00	0.00	0.00	2,350.00
10	88110AAEH31S -MIRROR ASSEMBLY RIGHT BACK	70091090	Paid	118.64	1	9.00	9.00	0.00	0.00	0.00	0.00	140.00
Parts Total											0.00	9,512.00

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	9,512.00
Labour Total	2,000.10
SGST (Parts) 9%	725.49
CGST (Parts) 9%	725.49
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
Total	11,512.10

Rupees in Words: Eleven Thousand Five Hundred Twelve 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.
4. Customers are requested to satisfy themselves with the quality of work done before taking the delivery
5. Supplementary estimate will be submitted if further damages/parts are required after dismantling the vehicle.

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.	जहरूद्दीन : 7390903049
2	Vehicle No. / वाहन संख्या	UP31CK0139
3	Policy No. / पालिसी संख्या	252400/31/2025/81589
4	Period of Insurance / बीमा अवधि	30/01/2025 से 29/01/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	25/01/2026 1:00 PM
6	Place of Accident / दुर्घटना का स्थान	ततारपुर के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	शान मोहम्मद : 8887626519 UP3120210014358
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	ततारपुर के पास सामने बाईं ओर से मोटरसाइकिल से टक्कर हो गई जिससे मेरी गाड़ी बाईं ओर गिरकर आतिमस्त 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

Date / दिनांक : 27/01/2026
हस्ताक्षर

 जहरूद्दीन
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. 252400/31/2025/81589

Tel. No.

Period of Insurance 30/01/2025 से 29/01/2026
 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 : JAHARUDDIN
 (b) Address for correspondence : R/O LAKHNIAPUR, KHERI, PS PADHUA, LAKHIMPUR
 (c) Telephone : 7390903049 KHERI,

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>HAIJE7SHA23196</u> Chassis No. <u>MBLHAN214SHA09901</u>	Registration No. <u>UP31CK</u> <u>0139</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 : Shah, Mohammad
(b) Age : 05/05/1986
(c) Address : Vill- Singaniya Ps- Mehwaqun, Thana-
KOTWALI, SADAR, LAKHIMPUR KHERI.
(d) Is the Driver
1. Owner : No
2. paid driver? : No
3. Owner's relative or friend? : BHAI
(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 20210014358
(h) Issuing Authority : 28/09/2021
(i) Date of Expiry : 27/09/2031
(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 : 25/01/2026 1:00PM
(b) Place : तारपुर के पास
(c) Speed of vehicle at the time of accident : 30-40
(d) Give a short description of the accident : तारपुर के पास सामने बाईं ओर से मोटरसाइकिल से टक्कर हो गई जिससे मेरी गाड़ी बाईं ओर गिरकर
(e) If any third party was responsible for this accident give the name and address : अज्ञात है

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND LEFT AND RIGHT
(b) Estimated cost of repairs :
(c) When and where can the damaged vehicle be inspected : MOSARAM AUTO SALES, LR 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? : 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 27/01/2006

Signature of the insured



जहरुद्दीन

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. UP31CK0139 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/-



पं. हरदीप

Witness
Name
Signature
Address

Signature
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID : PGR0928

Page No : 1

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE					
(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)					
DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, (GSTIN: 09AACT0627R4ZU)					
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))			Policy Issued On	30-JAN-25
Policy No	252400/31/2025/81589			Proposal No. & Date	R/252400/31/2025/61507 & 30-JAN-2025
Agent/Broker Code	BA0000155144			Policy Period (OWN DAMAGE)	FROM 17:35 ON 30/01/2025 TO MIDNIGHT OF 29/01/2026
Agent/Broker Name	ABHINAV BHATI			Policy Period (LIABILITY)	FROM 17:35 ON 30/01/2025 TO MIDNIGHT OF 29/01/2030
Insured Name	JAIHARUDDHEEN (GSTIN: 0)			Lead / Breakin No	
Insured Address	C/O SRI MUBARAK ALL, R/O LAKHIMPUR, KHERI, PS- PADHUA, LAKHIMPUR KHERI, NA.			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 -Chassis No	HA11E7SHA23196 - MBLHAW214SHA09901		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	
Elec Accessories	0		Compulsary PA Cover Premium	0	
Non-Elec 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 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%)	NA	
Deductibles			PA Paid Driver, Conductor, Cleaner-GR36R3	0	
Voluntary Deductibles (IMT 22A)	0		Net Liability Premium (B)	3851	
Anti- Theft Device (IMT-10)	0		Total Premium (A+B)	4046	
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	1104		Swachh Bharat Cess@0.50%	0	
Sub -Total Deductibles	1104		Krishl Kalyan Cess@0.50%	0	
Add-On Coverages			Gross Premium Paid	4774	
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 (IMT-22)		
Sub Total Add-on Coverages	0		4. Voluntary excess Rs(0)		
Net own Damage Premium(A)	195		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	
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 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 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 abinito (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/have herein to set his/their hands at 252400 on 30-JAN-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: (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 trials (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 pending during the preceding year(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% 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 : 2550925MD			For and on behalf of		
Approved On : 30-JAN-25			The Oriental Insurance Company Limited		
Place : MRT			General Manager		
Printed On : 30-JAN-25			Authorized Signature		



GOVERNMENT OF UTTAR PRADESH

Transport Department LAKHIMPUR KHERI

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP31CK0139 Registration Date : 31-Jan-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 : JAHARUDDEEN Son/wife/daughter of : SRI MUBARAK ALI
 Full Address: (Permanent) : R/O LAKHIMPUR KHERI, R/O LAKHIMPUR KHERI, PS- PADHUA, KHERI, UTTAR PRADESH-262907
 Full Address: (Temporary) : R/O LAKHIMPUR KHERI, R/O LAKHIMPUR KHERI, PS- PADHUA, KHERI-UTTAR PRADESH-262907
 Fitness UpTo : 30-Jan-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 : AA1038955869 Rear HSRP No : AA2120643908
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 01/2025
 No of Cylinders : 1 Chassis No : MBLHAW214SHA09901
 Engine No : HA11E7SHA23196 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
 Sleeper 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 : 30-Jan-2025 Sale Amt : 81601/-
 OTT Date : 30-Jan-2025 Amount/Rcpt No : 8161 / UP31D25010004519
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 05-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 31-Jan-2025 to 30-Jan-2040

Date : 15-Feb-2025 10:36:30

Taxation Particulars / Advance Registration Mark Fee Details

पंजीयन अधिका-
 मोटर वाहन विभाग
 Signature of Registering Authority
 Date : 15-Feb-2025

Q 1478290

भारत सरकार
Government of India

जहरुद्दीन
Jaharuddeen
जन्म तिथि / DOB : 01/01/1998
पुरुष / Male

Issue Date: 13/06/2015

9870 7539 2200

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता: आत्मज. मुबारक अली, लखनियापुर, खीरी,
उत्तर प्रदेश, 262907
Address: S/O. Mubarak Ali, Lakhniapur,
Khen, Uttar Pradesh, 262907

Print Date: 21/06/2015

9870 7539 2200

1947 help@uidai.gov.in www.uidai.gov.in

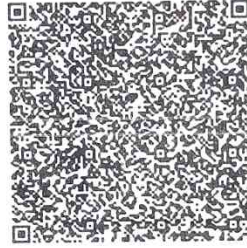


जहरुद्दीन



स्थायी लेखा संख्या
Permanent Account Number
DEAPJ9728H

नाम / Name Jaharuddeen
जन्म तिथि / Date of Birth 01/01/1998
लिंग / Gender Male
आधार संख्या / Aadhaar Number XXXXXXXX2200



Signature Not Verified

Digitally signed by
DS INCOME TAX
DEPARTMENT 12
Date: 2025.02.12
23:02:23 IST

Permanent Account Number(PAN) is a ten digit alpha numeric number allotted by the Income-tax department for compliance to the provisions of Income-tax Act and Rules including filing of Income-tax return, payment of taxes etc..

स्थायी लेखा संख्या (पैन) एक दस अंक का अक्षराकीय संख्या है जो आयकर अधिनियम के प्रावधानों के तहत कर का भुगतान और आयकर रिटर्न भरने के लिए नियमों का अनुपालन इत्यादि करने हेतु आवंटित किया जाता है।

Quoting of PAN is mandatory for several transactions specified under Income- tax Act, 1961 (Refer Rule 114B of Income -tax Rules, 1962) आयकर अधिनियम, 1961 के तहत निर्दिष्ट कई लेनदेन के लिए स्थायी लेखा संख्या (पैन) का उल्लेख अनिवार्य है (आयकर नियम, 1962 के नियम 114बी, का सदर्थ ले)

Possession or use of more than one PAN is against the law and may attract penalty of Rs. 10,000/- एक से अधिक स्थायी लेखा संख्या (पैन) रखना या उपयोग करना, कानून के विरुद्ध है और इसके लिए 10,000 रुपये का अर्थदंड लगाया जा सकता है।

The PAN card enclosed contains QR Code which is readable by a specific mobile App. सलग्न पैन कार्ड में एनहान्स क्यूआर कोड शामिल है जो एक विशिष्ट एंड्रॉइड मोबाइल ऐप द्वारा पठनीय है।

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या
Permanent Account Number
DEAPJ9728H

नाम / Name
Jaharuddeen

जन्म तिथि / Date of Birth
01/01/1998

हस्ताक्षर / Signature

इस कार्ड के खोने / पाने पर कृपया सूचित करें / लौटाएं:
संयुक्त निदेशक (पद्धति) -1, पैन मॉड्यूल
९वीं मंजिल, आयकर भवन, सेक्टर -3, वैशाली,
गाजियाबाद - 201010, उत्तर प्रदेश

If this card is lost / someone's lost card is found,
please inform / return to:
Joint Director (Systems)-1, PAN Module
9th floor, Aayakar Bhawan, Sector -3, Vaishali,
Ghaziabad - 201010, Utter Pradesh
Tel no: 0120-2770078; Fax : 0120-2770078
Mail-id : epan@incometax.gov.in

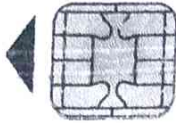
जहानुद्दीन



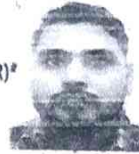
Indian Union Driving Licence
Issued by Uttar Pradesh

UP

UP31 20210014358



Issue Date Validity (NT) Validity(TR)*
 28-09-2021 27-09-2031 -----



Holder's Signature

Date of First Issue (28-09-2021)

Name: **SHAN MOHAMMAD**
 Date of Birth: **05-05-1986** Blood Group:
 Son/Daughter/Wife of: **JAN MOHAMMAD**
 Address:
VILL SINGANIYA POST MAHEWAGANJ SINGANIYA
THANA KOTWALI SADAR Lakhimpur, Kheri, UP
261506

Organ Donor: **N**

DL No: UP31 20210014358

UPDL000006457548



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	28-09-2021	NT			
	LHV	UP31	28-09-2021	NT			
	MVSD						

Form 7 Rule 16(Z)

Emergency Contact Number

(Signature)
 Licensing Authority
UP31 LAKHIMPURKHERI