

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-1124-721	Date	16-11-2024
Customer Name	JAY SHANKAR. PRASAD	Contact No.	8707409893
VIN	MBLJAR16XJ9G00307	Model	SUPER SPLENDOR
Insurance Company	MOTOR SATHI CLAIM	Reg No.	UP31BC6003
HMCGL Card No	1073019890001483	HMCGL Card Category	Platinum

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	61300AAG100RS -FRONT COWL(NH-1 (TYPE-1))	87141090	Paid	1,214.4	1	9.00	9.00	0.00	0.00	0.00	0.00	1,433.00
2	3310AAAGH20S -LIGHT ASSY HEAD(W/O BULB)	85122010	Paid	521.19	1	9.00	9.00	0.00	0.00	0.00	0.00	615.00
3	83402AAGA00S -PANEL INNER	87141090	Paid	265.25	1	9.00	9.00	0.00	0.00	0.00	0.00	313.00
4	6410AAAG300S -WIND SCREEN SUB ASSY	87141090	Paid	288.98	1	9.00	9.00	0.00	0.00	0.00	0.00	341.00
5	53100AAGA00S -PIPE STRG HANDLE	87141090	Paid	429.66	1	9.00	9.00	0.00	0.00	0.00	0.00	507.00
6	88110AANH01ZAS - MIRROR ASSEMBLY RIGHT BACK (BLACK NH-1)	70091090	Paid	203.39	1	9.00	9.00	0.00	0.00	0.00	0.00	240.00
7	3340AKTCA21S -WINKER ASSY R FR(W/O BULB)	85122010	Paid	148.31	1	9.00	9.00	0.00	0.00	0.00	0.00	175.00
8	88120AANH01ZAS - MIRROR ASSEMBLY LEFT BACK(BLACK NH-1)	70091090	Paid	203.39	1	9.00	9.00	0.00	0.00	0.00	0.00	240.00
Parts Total											0.00	3,864.00

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	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	3,864.00
Labour Total	1,500.96
SGST (Parts) 9%	294.71
CGST (Parts) 9%	294.71
SGST (Labour) 9%	114.48
CGST (Labour) 9%	114.48
Total	5,364.96

Rupees in Words: Five Thousand Three Hundred Sixty Four and paise Ninety Six Only

Authorised Signatory

10730 - Main W/S

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.
6. Actual amount may vary from estimate
7. Garage charges are Rs 50/- per day if vehicle not taken by the customer on delivery date
8. All disputes subject to jurisdiction of CITY Jurisdiction Only

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.	जय शंकर प्रसाद 8707409893
2	Vehicle No. / वाहन संख्या	UP31BC6003
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/410439
4	Period of Insurance / बीमा अवधि	26/02/2025 से 25/02/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	25/01/2026 9:30am.
6	Place of Accident / दुर्घटना का स्थान	रुकनोपुर के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	जय शंकर प्रसाद 8707409893 UP3120090005569
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	रुकनोपुर के पास सामने मोटरसाइकिल से टक्कर हो गई जिससे मेरी गाड़ी दायी ओर गिरकर क्षतिग्रस्त 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.	MOSARRAM AUTO SALES, LRP ROAD, LAKHIMPUR-KHERA, 9151154036.

Date / दिनांक : 28/01/2026
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. MS/2025/7001/0/46575/

Tel. No.

Period of Insurance 25/02/2025 से 25/02/2026

Claim No. 430439

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 : JAI SHANKAR PRASAD
 (b) Address for correspondence : VILL-PEERPUR, PS-DEVKALI, PS-PHARDHNN,
 (c) Telephone : 8707409893, 262701.

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2019</u>	Engine No. <u>JA06EHJ9F42491</u> Chassis No. <u>MBLJARJGXJ9G00307</u>	Registration No. <u>UP31BC</u> <u>6003</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 N/A
 (g) If Lorry/Jeep/Tractor, was trailer attached? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : JAY SHANKAR PRASAD
(b) Age : 08/07/1982
(c) Address : VILL- PEERPUR PO- DEVKALI, PS- PHARDHAN, KHERI
(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 : UP3120090005569
(h) Issuing Authority : 22/10/2009
(i) Date of Expiry : 21/10/2029
(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 9:30am
(b) Place : रक-दीपुर के पास
(c) Speed of vehicle at the time of accident : 30-40
(d) Give a short description of the accident : रक-दीपुर के पास सामने मोटरसाइकिल से टक्कर
(e) If any third party was responsible for this accident give the name and address : हो गई जिससे मेरी गाड़ी दबा और फिर कर क्षतिग्रस्त 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 LLP
ROAD INAHIMPUR-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 : N/A
(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 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 28/01/2006

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. UP31B6003 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
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

Program Proposal Two-Wheeler Package Contract - Bundled

Package Contract No.: MS.2025/7001(O)/46575/410439

Motorsathi Care Private Limited

B.Dass Compound Opposite DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001), 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	
JAY SHANKAR PRASAD	1989-07-08	8707409893	SRI RAM MUTAR	Hero Motocorp	SUPER SPLENDOR	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
DRUMSHELL CASE F20	UP31HC6003	JA06FLD9E12491	MHJ JAR16XJ9G00307	2019-03-08	125	1W
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
23000.00	NA	0.00	0.00	0.00	23000.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
	Solo		---	2	1458.43	
Address			City / District	Pin Code	State	
VIII - PEERPUR PO- DEVKAIL, VIII - PEERPUR PO- DEVKAIL PS- PHARDHAN, 202701					Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
RINI DEVI	Female	35 Years	WIFE	2025-02-26 To 26-27	Midnight of 2026-02-27	
Section A, ARC : 384.88 / CR : 0.00 Less Handicapped Discount : 0.00 For Anti-Theft Discount : 0.00 PA BONUS (0%) : 0.00 Total with GST (A) : 384.88						
Section B, FC : 664.00 LC Service : 106.00 LC PD : 0.00 Sub Total : 770.00 LAC : 0.00 LNC : 0.00 LDC : 0.00 MCPD : 0.00 Total(B) : 770.00 GST (CGST @ 9% + SGST @ 9%) (B) : 158.70 Total with GST (B) : 908.60						
Section C, MS Services(O) : 0.00 MS Services(D) : 0.00 MS Services(P) : 0.00 GST (CGST @ 9% + SGST @ 9%) : 0.00 Total MS Services with GST (C) : 0.00						
Section D, Drive Assure : 139.79 AIDC, DOC & Additional External Tyre Cover(AETC) : Other Discount : 0.00 GST (CGST @ 9% + SGST @ 9%) : 25.16 Total with GST (D) : 164.95						
Total(Section A+B+C+D) Offered Price After Discount : 1458						
Package Period Covered	2025-02-26 To 2026-02-25		2026-02-26 To 2027-02-25		2027-02-26 To 2028-02-25	
ADV	23000		NIL		NIL	
MS Services Period Covered (NODL)	1 Year		NIL		NIL	

*The vehicle covered in this contract have a valid TP coverage from 2025-02-26 until 2026-02-25

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 sample or personal effects) (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 for 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 Part II 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 accident. The amount mentioned is estimated breakup. Actual Costs and Terms & Conditions are in package document which can be downloaded only via authorized portal or by downloading the 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 writing in case of 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. Lakh or a request for refund of payment exceeding Rs. Lakh, the account holder must 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.: 9110504141 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 Aligarh.

#: Received with Thanks Rs 1458.43 ON 2025-02-25 from Mr./Ms. JAY SHANKAR PRASAD against the ARN No. INCP00410439

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: B.Dass Compound Opposite DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001), India



GOVERNMENT OF UTTAR PRADESH

Transport Department Lakhimpur Kheri

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP31BC6003 Registration Date : 08-Mar-2019
 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
 Owner Name : JAY SHANKAR PRASAD Son/wife/daughter of : SRI RAM AUTAR
 Full Address: (Permanent) : VILL- PEERPUR PO- DEVKALI, VILL- PEERPUR PO- DEVKALI, PS- PHARDHAN, KHERI,
 UTTAR PRADESH-262701
 Full Address: (Temporary) : VILL- PEERPUR PO- DEVKALI, VILL- PEERPUR PO- DEVKALI, PS- PHARDHAN, KHERI-
 UTTAR PRADESH-262701
 Fitness Up To : 07-Mar-2034 Tax Up To : One Time
 Owner Serial No : 1
 Detailed Description
 Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Ownership : INDIVIDUAL Norms : BHARAT STAGE IV
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : Rear HSRP No :
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 07/2018
 No of Cylinders : 1 Chassis No : MBLJAR16XJ9G00307
 Engine No : JA06EHJ9F42491 Fuel : PETROL
 Horse Power(BHP) : 11.12 Cubic Capacity : 124.70
 Maker's Classification : SUPER SPLENDOR(SV)DRU Wheel base : 1262
 MSELFCAST
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 124
 Colour : TGB Laden/GV Wt (kgs) : 254
 Other Criteria AC Fitted : NO
 Vehicle Purchase : 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 : 26-Feb-2019 Sale Amt : 59100/-
 OTT Date : 26-Feb-2019 Amount/Rcpt No : 5910 / UP31D19030000117
 Tax Up To : One Time Vehicle is Govt./ Pvt. : PRIVATE
 Tax Exempted or Not : NOT EXEMPTED Date of Approval : 08-Mar-2019
 Other State/Transfer/Conversion Details
 Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

Date : 08-Mar-2019 16:13:46
Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 08-Mar-2019
Lakhimpur-Kheri

Scan for Bail

Handwritten signature

महानगर सार्वजनिक/विशेष सार्वजनिक
चिह्नित अधिनियम, लखीमपूर-खीरी
17-08-2021

https F 632826



**PARIVAHAN
SEWA**

MINISTRY OF ROAD TRANSPORT & HIGHWAYS

Government of India

Know Your Driving Licence Status

Driving Licence No. *

Date Of Birth

(DOB) *

Details Of Driving License: UP3120090005569

Current Status	ACTIVE
Holder's Name	J*I*H*N*A* P*A*A*
Old / New DL No.	UP31 /5569/LMP/2009
Source Of Data	SARATHI

Driving License Initial Details

Initial Issue Date	22-Oct-2009
Initial Issuing Office	ASST.RTO, LAKHIMPUR KHERI

Driving License Validity Details

Non-Transport	From: 22-Oct-2009	To: 21-Oct-2029	
Transport	From: NA	To: NA	
Hazardous Valid Till	NA	Hill Valid Till	NA

Class Of Vehicle Details

COV Category	Class Of Vehicle	COV Issue Date
NT	LMV	22-Oct-2009
NT	MCWG	22-Oct-2009

डिप्लोमा 23/2/13

प्रपत्र-6

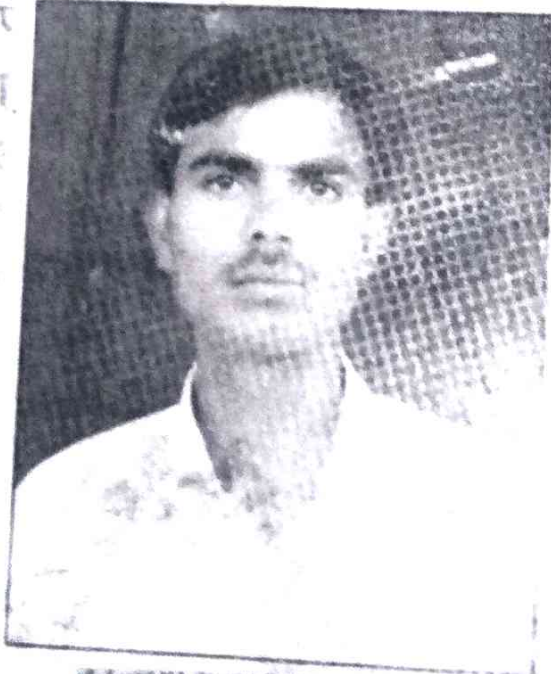
[नियम 16(1) देखिये]

चालन अनुज्ञप्ति का प्रारूप

अनुज्ञप्तिधारक का नाम अमरेश

पुत्र/पत्नी/पुत्री श्री राकेश

फोटोग्राफ के आर-ए नाम लिखा जाए (अनुज्ञा प्राधिकारी की मुद्रा उसके हस्ताक्षर का भाग फोटोग्राफ पर एक भाग चालन अनुज्ञा पर होना चाहिए)



अनुज्ञप्तिधारक के नमूना हस्ताक्षर/अंगूठे के निशान

हस्ताक्षर और परमाणु

13/2/13

(4)

किसी विनिर्दिष्ट वर्णन का मोटर यान,
अर्थात्.....।

परिवहन यान से भिन्न मोटर यान
चलाने के लिए तारीख 22/10/2018
से 21/10/2018 तक अनुज्ञप्ति
विधिमान्य है।

परिवहन यान चलाने के लिए तारीख
..... से
..... तक अनुज्ञप्ति विधिमान्य है।

चालन परीक्षा का संचालन करने वाले प्राधिकारी का नाम और पदनाम।
अनुज्ञापन प्राधिकारी के हस्ताक्षर और पदनाम।

(5)

परिवहन यान चलाने के लिए प्राधिकार
संख्यांक.....

तारीख.....
तारीख..... से परिवहन यान
चलाने के लिए प्राधिकृत किया जाता है।

बैज संख्यांक.....

चालन परीक्षा का संचालन करने वाले प्राधिकारी का नाम और पदनाम।
अनुज्ञापन प्राधिकारी के हस्ताक्षर और पदनाम।

(2) 5569/1105
 चालन अनुज्ञप्ति संख्यांक
 जारी करने की तारीख 22/10/09
 नाम श्री राजेश कुमार
 पुत्र/पत्नी/पुत्री श्री राकेश कुमार
 स्थायी पता पी.ए.ए.
 पो. (29/11/09) दिवस
 धाना जिला
 अस्थायी पता / कार्यालय का पता (यदि कोई हो)
 धाना जिला
 जन्म तिथि 07/07/09

L.M.V. (PRIVATE)
 298/1105 (3)
 शैक्षिक अर्हता
 वैकल्पिक नागरिकता
 रक्त समूह
 आर०एच० फैक्टर
 इस अनुज्ञप्ति के धारक को संपूर्ण भारत में निम्नलिखित वर्णन के यानों को चलाने की अनुज्ञप्ति प्रदान की जाती है :
 बिना गियर वाली मोटर साइकिल
 गियर वाली मोटर साइकिल
 अशक्त यात्री गाड़ी
 हल्का मोटर यान
 परिवहन यान
 रोड रोलेर



भारत का विशिष्ट पहचान प्राधिकरण

भारत सरकार

Unique Identification Authority of India

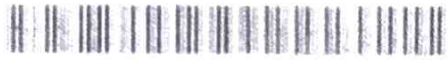
Government of India

आसक्ति क्रम: Enrollment No: 1178 40239 00325

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जय शंकर प्रसाद
Jay Shankar Prasad
S-17, West Agra
Agra
Punjab
District: Lakhimpur Kheri
Uttar Pradesh 262701
9505240315

Ref: 1342 C9F 190735 190875 P



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आपका आधार क्रमांक / Your Aadhaar No. :

9058 6507 4780

आधार - आम आदमी का अधिकार



भारत सरकार

Government of India



जय शंकर प्रसाद
Jay Shankar Prasad
जन्म तिथि / DOB: 08/07/1989
पुरुष / Male



9058 6507 4780

आधार - आम आदमी का अधिकार

आयकर विभाग
INCOME TAX DEPARTMENT
JAY SHANKAR PRASAD



भारत सरकार
GOVT. OF INDIA

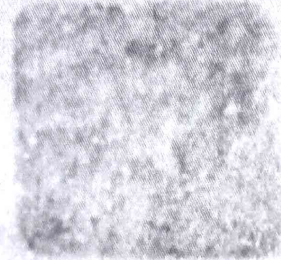
RAM AWTAR

08/07/1989

Permanent Account Number

CZWPP9829B

Signature



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