

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-0226-844	Date	04-02-2026
Customer Name	AKHILESH KUMAR BAJPAI	Contact No.	9450393128
VIN	MBLJAW067K9F01655	Model	SUPER SPLENDOR
Insurance Company		Reg No.	UP31BK3527
HMCGL Card No	1073023800001695	HMCGL Card Category	Platinum

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	77240AAGJ00US -COWL REAR RIGHT BL(BR)-013M(G)	87141090	Paid	639.83	1	9.00	9.00	0.00	0.00	0.00	0.00	755.00
2	18350AAG300S -MUFFLER COMP EXH	87141090	Paid	8,253.39	1	9.00	9.00	0.00	0.00	0.00	0.00	9,739.00
3	18355AAGA00S -COVER MUFFLER	87141090	Paid	296.61	1	9.00	9.00	0.00	0.00	0.00	0.00	350.00
4	80100AAGA00S -FENDER COMPLETE REAR	87141090	Paid	687.29	1	9.00	9.00	0.00	0.00	0.00	0.00	811.00
5	77266AAG300RS -COWL CENTER REAR LOWER(NH-1 (TYPE-1))	87141090	Paid	187.29	1	9.00	9.00	0.00	0.00	0.00	0.00	221.00
6	77235AAGH20ZAS -CENTER REAR COWL (BLACK NH-1)	87141090	Paid	194.92	1	9.00	9.00	0.00	0.00	0.00	0.00	230.00
7	33600KTCA21S -WINKER ASSY R RR	85122010	Paid	177.97	1	9.00	9.00	0.00	0.00	0.00	0.00	210.00
8	K42426ABAC200S -KIT, WHEEL COMP REAR	87141090	Paid	4,296.61	1	9.00	9.00	0.00	0.00	0.00	0.00	5,070.00
Parts Total											0.00	17,386.00

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	1,695.00	9.00	9.00	0.00	0.00	0.00	0.00	2,000.10	
Jobs Total											0.00	2,000.10
Parts Total												17,386.00
Labour Total												2,000.10
SGST (Parts) 9%												1,326.05
CGST (Parts) 9%												1,326.05
SGST (Labour) 9%												152.55
CGST (Labour) 9%												152.55
Total												19,386.10

Rupees in Words: Nineteen Thousand Three Hundred Eighty Six 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.
6. Actual amount may vary from estimate

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.	AKHILESH KUMAR BAJPAI 9450393128
2	Vehicle No. / वाहन संख्या	UP31BK3527
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/406468
4	Period of Insurance / बीमा अवधि	18/02/2025 से 17/02/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	27/01/2026 , 2:00PM
6	Place of Accident / दुर्घटना का स्थान	गुरुबान्धु नगर के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	VISHOMBHAR DAYAL , 7236088021 UP3120240010245
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	घर से लखीमपुर आ रहे थे तभी अचानक गुरुबान्धु नगर के पास पीछे दायें साइड से मोटर साइकिल वाले ने तक्कर मार दी। जिससे मेरी गाड़ी दायें ओर गिरकर हाकिमपुर 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.	MUSARAM AUTO SALES LRP ROAD LAKHIMPUR KHERI, 9151154036

Date / दिनांक : 29/01/2026
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. MSI 2025/7001/046575/4064
 68
 Tel. No. Period of Insurance 18/02/25 to 17/02/26
 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 : AKHILESH KUMAR BAJPAI
 (b) Address for correspondence MOH: RAM NAGAR, PS - KOTWALI, KHERI
 (c) Telephone : 945-393128

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2020</u>	Engine No. <u>JA06EHK9F00137</u> Chassis No. <u>MBLJAW067K9F01655</u>	Registration No. <u>UP31BR</u> <u>3527</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 : VI SHOMBHAR DAYAL
- (b) Age : 15/11/1966
- (c) Address : SHRI RAM NAGAR COLONY BARAKHERWA KHERTI LAKHIMPUR KHERTI
- (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 : UP3120240010245
- (h) Issuing Authority : 30/08/2024
- (i) Date of Expiry : 29/08/2029
- (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 : 27/01/2026 2:00PM
- (b) Place : गुरुनानक नहर के पास
- (c) Speed of vehicle at the time of accident : 30-40
- (d) Give a short description of the accident : गुरुनानक नहर के पास पीछे टापी लाइज से भीटर
- (e) If any third party was responsible for this accident give the name and address : लाइसिल वाले ने टक्कर मार सी। जिससे मेरी गाड़ी घायी झोसु भीरडल हातिमरत हांगडी

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : BACK AND RIGHT
- (b) Estimated cost of repairs : _____
- (c) When and where can the damaged vehicle be inspected : MOSARAM AUTO SALES LRP ROAD LAKHIMPUR KHERTI 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? : _____ / N/A
- (b) If yes, give full details : _____

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? : _____ N/A
- (f) Has theft been reported to Police? : _____
- (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 29/01/2006

Signature of the insured *Arishy*

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. UP31BK3527 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/-

Handwritten signature

Witness
Name
Signature
Address

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 AKHILESH KUMAR BAJPAI
S/O: SRI MUNNA LAL BAJPAI, R/O: RAM NAGAR,
LAKHIMPUR KHERTI, U.P - 262701

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

Date 29/01/2026

Place KHERTI

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.

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2025/7001/O/46575/406468

Motorsathi Cafe 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	
AKHILESH KUMAR BAJPAI	1967-08-01	9450393128	SRI MUNNA LAL BAJPAI	Hero Motocorp	SUPER SPLENDOR	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
DRUM SELF CAST E20	UP31BK3527	JA06EHK9F00137	MBLJAW067K9F01655	2020-02-28	125	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
32000.00	NA	0.00	0.00	0.00	32000.00	
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	1840.18	
Address			City / District	Pin Code	State	
MOH-RAM NAGAR, MOH-RAM NAGAR, PS-KOTWALI, Kheri, Uttar Pradesh, 262701				262701	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
APRESH KUMAR BAJPAI	Male	35 Years	SON	2025-02-18 14:59	Midnight of 2026-02-17	

Section A, VRC: 514.06 TCR: 0.00 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (40%): 244.79 **Total with GST(A)** 269.27
 Section B, EC: 664.00 EC Service: 106.00 ECPD: 0.00 **Sub Total: 770.00** TAC: 0.00 ENC: 0.00 EDC: 0.00 MCPD: 0.00 **Total(B): 770.00** GST (CGST @9% + SGST @9%) (B): 138.60
Total with GST(B): 908.60
 Section C, MS Services(O): 374.58 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @9% + SGST @9%): 67.42 **Total MS Services with GST(C): 442.00**
 Section D, Drive Assure: 186.70 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 33.61 **Total with GST(D): 220.31**
Total(Section A+B+C+D) Offered Price After Discount: 1840

Package Period Covered	2025-02-18 To 2026-02-17	2026-02-18 To 2027-02-17	2027-02-18 To 2028-02-17	2028-02-18 To 2029-02-17	2029-02-18 To 2030-02-17
ADV	32000	NIL	NIL	NIL	NIL
MS Services Period Covered (NODL)	1 Year	NIL	NIL	NIL	NIL

*The vehicle covered in this contract have a valid TP coverage from 2025-02-18 until 2026-02-17.

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 samples or personal luggage) 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 from Holding or 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 Rule 3 of the Central Motor Vehicle Rules, 1989.

LIMIT OF ACCOUNTABILITY: Limit of the amount of the Companys accountability in respect of any one request or series of requests arising out of one event: Up to Rs - 100000/ Note: The amount mentioned is estimated breakup. Actual Costs and Terms & Conditions are in package document which can be downloaded only via authorized portal www.motorsathi.com or 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 case of fraud, 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 1lakh or a request for refund of payment exceeding Rs 1 lakh, the accountability will 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.:7941050643 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 1840.18 ON 2025-02-15 from Mr./Ms. AKHILESH KUMAR BAJPAI against the ARN No. INCP00406468
 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 : UP31BK3527 Registration Date : 28-Feb-2020
 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 : AKHILESH KUMAR BAJPAI Son/wife/daughter of : SRI MUNNA LAL BAJPAI
 Full Address: (Permanent) : MOH-RAM NAGAR, MOH-RAM NAGAR, PS-KOTWALI, KHERI, UTTAR PRADESH-262701
 Full Address: (Temporary) : MOH-RAM NAGAR, MOH-RAM NAGAR, PS-KOTWALI, KHERI-UTTAR PRADESH-262701
 Fitness UpTo : 27-Feb-2035 Tax UpTo : 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 : AA1007824831 Rear HSRP No : AA2012077688
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 06/2019
 No of Cylinders : 1 Chassis No : MBLJAW067K9F01655
 Engine No : JA06EHK9F00137 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
 Sleepar Cap : 0 Unladen Wt (kgs) : 124
 Colour : BLACK TORNADO GREY Laden/GV Wt (kgs) : 254
 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 : 18-Feb-2020 Sale Amt : 61800/-
 OTT Date : 18-Feb-2020 Amount/Rcpt No : 6180 / UP31D20020004064
 TaxUpTo : One Time Vehicle is Govt./ Pvt. : PRIVATE
 Tax Exempted or Not : NOT EXEMPTED Date of Approval : 28-Feb-2020

Other State/Transfer/Conversion Details

Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 28-Feb-2020 to 27-Feb-2035

Date : 14-May-2020 16:23:22

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 14-May-2020

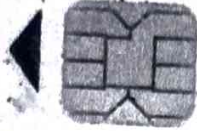
K 2131307



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

UP

UP31 20240010245



Issue Date: 30-08-2024 Validity (NT): 29-08-2029 Validity (TR):



Holder's Signature

Name: **VISHOMBHAR DAYAL**

Date of Birth: 15-11-1966 Blood Group:

Son/Daughter/Wife of: **SATANU PRASAD** Organ Donor: **N**

Address:

**SHRI RAM NAGAR COLONY BARAICHERWA KHERI
LAKHIMPUR KHERI UTTAR PRADESH 262701**

Date of First Issue: 30-08-2024

DL No: UP31 20240010245

UPDL000013879880



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	30-08-2024	NT			
	LMV	UP31	30-08-2024	NT			
	MVSD						

Form 7 Rule 16(2)

Emergency Contact Number

Pankaj
Licensing Authority
UP31 LAKHIMPUR KHERI



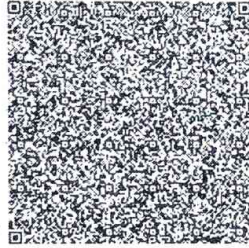
भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 2906/45961/00274

To
अखिलेश कुमार बाजपेई
Akhilesh Kumar Bajpai
RAM NAGAR,
VTC: Lakhimpur,
PO: Kheri,
Sub District: Lakhimpur,
District: Kheri.
State: Uttar Pradesh.
PIN Code: 262701,
Mobile: 9450393128

Signature Not Verified
Details as on: 24/01/2026
Digitally signed by Unique Identification Authority of India
Date: 2025.08.10 10:02:05
+05'30'



आपका आधार क्रमांक / Your Aadhaar No. :

9781 1598 6600

VID : 9170 2535 0757 2735

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



Aadhaar no. issued: 11/01/2014



अखिलेश कुमार बाजपेई
Akhilesh Kumar Bajpai
जन्म तिथि/DOB: 01/08/1967
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं। इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/ऑफलाइन एमआधार की स्कैनिंग) के साथ 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 XML).

9781 1598 6600

मेरा आधार, मेरी पहचान



Government of India



सूचना / INFORMATION

- आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं। जन्मतिथि आधार नंबर धारक द्वारा प्रस्तुत सूचना और विनियमों में विनिर्दिष्ट जन्मतिथि के प्रमाण के दस्तावेज पर आधारित है।
- इस आधार पत्र को यूआईडीएआई द्वारा नियुक्त प्रमाणीकरण एजेंसी के जरिए ऑनलाइन प्रमाणीकरण के द्वारा सत्यापित किया जाना चाहिए या ऐप स्टोर में उपलब्ध एमआधार या आधार क्यूआर कोड स्कैनर ऐप से क्यूआर कोड को स्कैन करके या www.uidai.gov.in पर उपलब्ध सुरक्षित क्यूआर कोड रीडर का उपयोग करके सत्यापित किया जाना चाहिए।
- आधार विशिष्ट और सुरक्षित है।
- पहचान और पते के समर्थन में दस्तावेजों को आधार के लिए नामांकन की तारीख से प्रत्येक 10 वर्ष में कम से कम एक बार आधार में अपडेट कराना चाहिए।
- आधार विभिन्न सरकारी और गैर-सरकारी फायदों/सेवाओं का लाभ लेने में सहायता करता है।
- आधार में अपना मोबाइल नंबर और ईमेल आईडी अपडेट रखें।
- आधार सेवाओं का लाभ लेने के लिए एमआधार ऐप डाउनलोड करें।
- आधार/बायोमेट्रिक्स का उपयोग न करने के समय सुरक्षा सुनिश्चित करने के लिए आधार/बायोमेट्रिक्स लॉक/अनलॉक सुविधा का उपयोग करें।
- आधार की मांग करने वाले सहमति लेने के लिए बाध्य हैं।
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB) DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on www.uidai.gov.in.
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entitles seeking Aadhaar are obligated to seek consent.



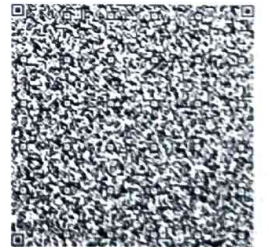
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Details as on: 24/01/2026

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