

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-0226-864 Date 13-02-2026  
 Customer Name MAIKULAL Contact No. 9956940380  
 VIN MBLJAUJEM7 9B00051 Model SUPER SPLENDOR  
 Insurance Company HMCGL Card No. UP31AH3361  
 Part Details 1073024880005325 Reg No. Diamond  
 HMCGL Card Category

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	83402AAG300S -PANEL INNER	87141090	Paid	166.95	1	9.00	9.00	0.00	0.00	0.00	0.00	197.00
3	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
4	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
5	6410AAAG300S -WIND SCREEN SUB ASSY	87141090	Paid	288.98	1	9.00	9.00	0.00	0.00	0.00	0.00	341.00
6	61000AAGA00RS -FRONT FENDER NH-1	87141090	Paid	921.19	1	9.00	9.00	0.00	0.00	0.00	0.00	1,087.00
7	83500AAG500TS -R SIDE COVER	87141090	Paid	1,269.49	1	9.00	9.00	0.00	0.00	0.00	0.00	1,498.00
8	77240AAG500TS -R BODY COWL	87141090	Paid	663.56	1	9.00	9.00	0.00	0.00	0.00	0.00	783.00
9	50803KTC900S -GUARD LEG	87141090	Paid	573.73	1	9.00	9.00	0.00	0.00	0.00	0.00	677.00
10	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
11	18350AAGH00S -MUFFLER COMP EXH	87141090	Paid	8,616.95	1	9.00	9.00	0.00	0.00	0.00	0.00	10,168.00
12	50400AAGA00SS -GRIP REAR (NH-194M-U)	87141090	Paid	819.49	1	9.00	9.00	0.00	0.00	0.00	0.00	967.00
13	18355AAG300S -COVER MUFFLER	87141090	Paid	297.46	1	9.00	9.00	0.00	0.00	0.00	0.00	351.00
14	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
15	83600AAG500TS -L SIDE COVER	87141090	Paid	1,269.49	1	9.00	9.00	0.00	0.00	0.00	0.00	1,498.00
16	50500AAF400S -STAND COMP MAIN	87141090	Paid	593.22	1	9.00	9.00	0.00	0.00	0.00	0.00	700.00
Parts Total											0.00	25,800.00

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 25,800.00  
 Labour Total 2,000.10  
 SGST (Parts) 9% 1,967.80  
 CGST (Parts) 9% 1,967.80

CGST (Labour) 9%

152.55

Total

27,800.10

Amount in Words: Twenty Seven Thousand Eight Hundred and paise Ten Only

Authorized Signatory

10730 - Main W/S

**Terms Cash**

Prices & statutory levies prevailing at the time of delivery shall be charged

Vehicles in this workshop are handled/driven and kept at owner's risk.

Customers are requested to satisfy themselves with the quality of work done before taking the

delivery

Supplementary estimate will be submitted if further damages/parts are required after

disassembling the vehicle.

1. Actual amount may vary from estimate

2. Garage charges are Rs 50/- per day if vehicle not taken by the customer on delivery date

3. All disputes subject to jurisdiction of CITY Jurisdiction Only

#HeroMotocorp can further contact you via Call, SMS or email for feedback or to give information

about New launches.

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


The Oriental Insurance Co Ltd /  
 दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

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.	मेक लाल, 9956940380 बीमाधारक का नाम & मोबाइल नं.
2	Vehicle No. / वाहन संख्या	UP31AH3361
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/419905
4	Period of Insurance / बीमा अवधि	25/03/2025 से 24/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	10/02/2026 10.00am.
6	Place of Accident / दुर्घटना का स्थान	छाऊछ चौराहे के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	मेक लाल, 9956940380 UP3120110014891
8	Estimated Loss / अनुमानित हानि	
09. Cause of Accident / दुर्घटना का कारण : छाऊछ चौराहे के पास सामने से मोटरसाइकिल से टक्कर हो गई। जिससे मेरी गाड़ी गड्ढे में गिरकर पिछले स्लाइडविल को क्षतिग्रस्त करते हुए 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.	MOSARAM AUTO SALES, LRP ROAD LAKHIMPUR KHERI, 9951154036

  
 Signature of Insured / बीमाधारक के

Date / दिनांक :  
 हस्ताक्षर



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 MFERUT

Certificate/Policy No. MS/2025/700110/46575/119

Tel. No.

Period of Insurance 25/03/2025 से 24/03/2026  
 Claim No. 905

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 : MAIKU LAI  
 (b) Address for correspondence : VII, P.S - BELA PARASUA, PS-CHANDRANCHAUKI,  
 (c) Telephone : 9956940380 LAKHIMPUR-KHERI, UP

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2015</u>	Engine No. <u>JA05ECF9A32556</u> Chassis No. <u>MBLJA05EMF9B00051</u>	Registration No. <u>UP31AH</u> <u>3361</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 : MATKU LAI
- (b) Age : 10/06/1988
- (c) Address : BELAPARSUA THANA CHANDAN (CHAUKI, LAKHIMPUR  
KHERI, NIGHASAN, 262906
- (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 20/100/14891
- (h) Issuing Authority : 10/07/2025
- (i) Date of Expiry : 15/07/2031
- (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 : 10/02/2026 10:00am
- (b) Place : हाऊस चौराहे के पास
- (c) Speed of vehicle at the time of accident : 30-40km/h
- (d) Give a short description of the accident : हाऊस चौराहे के पास सामने से मोटर साइकिल से टक्कर हो गई जिससे मेरी गाड़ी गहरे में गिरकर पीछले एलमवारत को गतिमस्त करत हुए लोरी और गिरकर गतिमस्त हो गई
- (e) If any third party was responsible for this accident give the name and address

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND RIGHT
- (b) Estimated cost of repairs : MOSARRAM AUTO SALES, LRPROND
- (c) When and where can the damaged vehicle be inspected : 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 and all rights accident shall be forfeited.

Date 12/02/ 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. UP31RH3361 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 ..... *[Signature]*  
Occupation .....  
Address .....

Bank Account Number .....  
Name of the Bank .....

## Program Proposal Two-Wheeler Package Contract - Bundled



Contract No.: MS/2025/7001/O/46575/419905

Motorsathi Private Limited  
 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

of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
MAIKU LAL	1988-06-10	9455026317	CHELA RAM	Hero Motocorp	SUPER SPLENDOR	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
IM SELF CAST ED0	UP31AH12361	1A05ECF9A32556	MBLJA05EMP9B00051	2015-02-13	125	TW
Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
15000.00	NA	0.00	0.00	0.00	15000.00	
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	1831.10	
Address				City / District	Pin Code	State
PO.BELA PARASUA,PS.CHANDAN CHAUK,LAKHIMPUR KHERI UP						Uttar Pradesh
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
PINKI DUNGRA	Female	35 Years	WIFE	2025-03-25 12:46	Midnight of 2026-03-24	

A. VRC: 336.35 TCR: 0.00 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 **Total with GST(A) 336.35**  
 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 with GST(B): 908.60**  
 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**  
 D. Drive Assure: 122.16 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 21.99 **Total with GST(D): 144.15**  
**Section A+B+C+D Offered Price After Discount: 1831**

Period Covered	2025-03-25 To 2026-03-24	2026-03-25 To 2027-03-24	2027-03-25 To 2028-03-24	2028-03-25 To 2029-03-24	2029-03-25 To 2030-03-24
Services Period Covered (NODL)	15000	NIL	NIL	NIL	NIL
Services Period Covered (NODL)	1 Year	NIL	NIL	NIL	NIL

Vehicle covered in this contract have a valid TP coverage from 2025-03-25 until 2026-03-24.

**ATTENTION AS TO USER:** 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) Road Racing d) Pace Making e) Speed Testing f) Reliability Trials g) Any purpose in connection with Motor Trade.

**R:** 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 being 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 Motor Vehicle Rules - 1989.

**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 event: Up to Rs - 100000/- per event. Actual Costs and Terms & Conditions are in package document which can be downloaded only via authorized portal www.motorsathi.com or Motorsathi App.

**CLAIMER:** 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 financial statement, nondisclosure of material fact or non-co-operation of the coverage.

**MONEY LAUNDERING CLAUSE:** In the event of a request under the package exceeding Rs 1 lakh or a request for refund of payment exceeding Rs 1 lakh, the accountability shall be subject to the provisions of AML package of the company. The AML package is available in all our operating offices as well as Company website.

**REGISTER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT:** Website: www.motorsathi.com Customer Care / Toll Free Phone No.: 7941050643  
 Email: 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.



Issued with Thanks Rs 1831.10 ON 2025-03-25 from Mr./Ms. MAIKU LAL against the ARN No. INCP00419905  
 knowledge is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions\*  
 Turn over leaf 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

**Registration Number**  
 (पंजीकरण संख्या) **UP31AH3361**

**Owner's Name & Address**  
 (वाहन स्वामी का नाम एवं पता) **MAIKU LAL**

Son/Wife/daughter of: **CHELA RAM**

Full Address: (Permanent) **VPO BELA PARASUA  
 PS. CHANDAN CHAUKI  
 LAKHIMPUR KHARI UP -**

Full Address: (Current) **VPO BELA PARASUA  
 PS. CHANDAN CHAUKI  
 LAKHIMPUR KHARI UP -**

**Dealer's Name & Address**  
 (विक्रेता का नाम) **MUSA RAM AUTO SALES  
 L R P ROAD  
 LAKHIMPUR KHARI**

**Vehicle Class**  
 (श्रेणी) **MOTOR CYCLE**

**Chassis Number**  
 (चेसिस संख्या) **MBLJA05EMF9B00051**

**Engine Number**  
 (इंजन संख्या) **JA05ECF9A32556**

**Type of Body**  
 (बाड़ी का प्रकार) **SOLO**

**Maker's Name**  
 (निर्माता का नाम) **SUPER SPLENDOR**

**HP / Lease Agreement with**  
 (हाइपोथेक/लीज समझौता किससे) **HERO MOTOR CORP LTD**

**Registration Date**  
 (पंजी. तिथि) **13-Feb-2015**

**Owner's Serial**  
 (वाहन स्वामी क्रमांक) **1**

**Manufacturing Year**  
 (निर्माण का वर्ष) **02/2015**

**No. of Cylinders**  
 (सिलिन्डर की संख्या) **1**

**Unladen Weight**  
 (खाली भार) **121 kgs**

**Laden Weight**  
 (भरा हुआ भार) **251 kgs**

**Seating Capacity**  
 (सीट क्षमता) **2 (including driver)**

**Colour**  
 (रंग) **EGY**

**Horse Power**  
 (अश्व शक्ति) **9 HP / 124.7 CC**

**Fuel Used**  
 (ईंधन) **PETROL**

**Tax paid upto**  
 (कर भुगतान) **Life Time**

**Tax Rate**  
 (कर-दर)

**Fitness valid upto**  
 (फिटनेस वैलिड यूप्टो)

**Wheels Base**  
 (व्हील बेस) **1285**

**Description and Size of Tyres**  
 (टायरों का विवरण एवं आकार)

(a) **Front Axle**  
 (फ्रन्ट एक्सल)

(b) **Rear Axle**  
 (रियर एक्सल)

(c) **Any other Axle**  
 (अन्य कोई एक्सल)

(d) **Tandem Axle**  
 (टेन्डम एक्सल)

**Registered Axle Weight**  
 (पंजीकृत एक्सल भार)

(a) **Front Axle**  
 (फ्रन्ट एक्सल)

(b) **Rear Axle**  
 (रियर एक्सल)

(c) **Any other Axle**  
 (अन्य कोई एक्सल)

(d) **Tandem Axle**  
 (टेन्डम एक्सल)

Vehicle Registered Against NEW VEHICLE Case  
 Air Conditioner (A.C.) Fitted-No

Entered By: 13-Feb-2015

Sr. No. **RC-T 0261822**  
 (क्र.सं.)

Specimen Signature of the Owner  
 वाहन स्वामी के हस्ताक्षर

Specimen Signature of Financier  
 वित्त पोषक के हस्ताक्षर

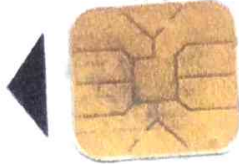
Signature of Registrar  
 पंजीकरण अधिकारी



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

UP

**UP31 20110014891**



Issue Date    Validity (NT)    Validity(TR)\*  
 10-07-2025    15-07-2031



Holder's Signature

Date of First Issue 16-07-2011

Name: **MAIKU LAL**  
 Date of Birth: **10-06-1988**    Blood Group:  
 Son/Daughter/Wife of: **CHELA RAM**    Organ Donor: **N**  
 Address:

**BELA PARSUA THANA CHANADAN CHAUKI**  
**LAKHIMPUR KHERI NIGHASAN, LAKHIMPUR KHERI**  
**262906**

**DL No: UP31 20110014891**

**UPDL311000017102**



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	16-07-2011	NT				
LMV	UP31	16-07-2011	NT				
MVSD							

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority  
**UP31 LAKHIMPUR KHERI**



भारत सरकार  
Government of India



मैकू लाल

Maiku Lal

जन्म तिथि/DOB: 10/06/1988

पुरुष / MALE



5259 7208 1779

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:

S/O चेला राम, ग्राम एंड पोस्ट  
बेलापरसुआ, बेला परसुआ, खीरी,  
उत्तर प्रदेश - 262906

Address:

S/O Chela Ram, gram and post  
belaparsuva, Bela Parsuwa,  
Kheri,  
Uttar Pradesh - 262906

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1947



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आयकर विभाग  
INCOME TAX DEPARTMENT

MAIKU LAL

CHELA RAM

10/06/1998

Permanent Account Number

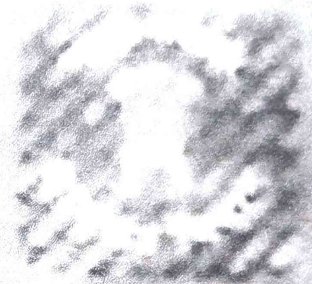
AGDPL2883F

*Maikulal*

Signature



भारत सरकार  
GOVT. OF INDIA



10/06/2010