

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-0226-865
 Customer Name HASEEB AHMAD ...
 VIN MBLHAW231SHBH5256
 Insurance Company
 HMCGL Card No
 Part Details

Date 14-02-2026
 Contact No. 7988635594
 Model SPLENDOR +
 Reg No. UP31CK8247
 HMCGL Card Category

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	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
2	61000AAE200US -FRONT FENDER (R-195C)	87141090	Paid	1,132.20	1	9.00	9.00	0.00	0.00	0.00	0.00	1,336.00
3	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
4	53178AAFH00S -LEVER COMP.L STRG.HNDL.	87141090	Paid	71.19	1	9.00	9.00	0.00	0.00	0.00	0.00	84.00
5	17520AAE3054S -FUEL TANK (BLACK NH 1) TYPE 4	87141090	Paid	4,979.66	1	9.00	9.00	0.00	0.00	0.00	0.00	5,876.00
6	88120AAAFH31ZAS - MIRROR ASSEMBLY LEFT BACK NH-1 TYPE-1)	70091090	Paid	190.68	1	9.00	9.00	0.00	0.00	0.00	0.00	225.00
7	83402AAE940S -INNER PANEL	87141090	Paid	222.03	1	9.00	9.00	0.00	0.00	0.00	0.00	262.00
8	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
Parts Total											0.00	9,638.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR +	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	9,638.00
Labour Total	2,000.10
SGST (Parts) 9%	735.10
CGST (Parts) 9%	735.10
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
Total	11,638.10

Rupees in Words: Eleven Thousand Six Hundred Thirty Eight 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

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

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

10730 - Main W/S

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

महोदय
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.	हसीब अहमद, 9616112381
2	Vehicle No. / वाहन संख्या	UP31 CK 8247
3	Policy No. / पालिसी संख्या	252400/31/2025/96255
4	Period of Insurance / बीमा अवधि	20/03/2025 से 19/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	13/02/2026 9:00am
6	Place of Accident / दुर्घटना का स्थान	देवकली क्रॉसिंग के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	हसीब अहमद, 9616112381 UP31 20250017543
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	देवकली क्रॉसिंग के पास सामने से मोटरसाइकिल से जोरदार टक्कर हो गई जिससे मेरी गाड़ी बाँधी और गिस्कर 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, LRR ROAD LAKHIMPUR KHERI, 9151154036

Date / दिनांक : 14/02/2026
हस्ताक्षर

हसीब अहमद
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 MEEERUT

Certificate/Policy No. 252400/31/2025/96255

Tel. No.

Period of Insurance 20/03/2025 से 19/03/2026
 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 : HASHEB AHMAD
 (b) Address for correspondence : RIOCHUN MUNPUR Pz DEVKALI PHARDHAN, KHERI,
 (c) Telephone : 9616 112381 LAKHIMPUR- KHERI,

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>HATTE 8SHB64373</u> Chassis No. <u>MBLHANW231SHBH6256</u>	Registration No. <u>UP31CK</u> <u>8247</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 N/A
 1. Was a side-car attached
 2. Was a pillion rider carried

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 : HASEEB AHMAD
 (b) Age : 07/03/2000
 (c) Address : CHUNMUNPUR P.S DEVKALI, KHERI, PHARDHAN LAKHIMPUR-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 : UP31 20250017543
 (h) Issuing Authority : 22/11/2025
 (i) Date of Expiry : 06/03/2040
 (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 : 13/02/2026 9:00am.
 (b) Place : देवकली कोरापण के पास
 (c) Speed of vehicle at the time of accident : 30-40 km/h.
 (d) Give a short description of the accident : देवकली कोरापण के पास सामने से मोटरसाइकिल से टक्कर
 (e) If any third party was responsible for this accident give the name and address : वॉक हो गई जिम्मे मेरी गाडी लगी और गिरकर मोटरसाइकिल हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND LEFT
 (b) Estimated cost of repairs :
 (c) When and where can the damaged vehicle be inspected : MOSARRAM AUTO SALES, LRP ROAD 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 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 01/4/21 2020

Signature of the insured हसीब अहमद

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. UP31/K8247 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 हसीब अहमद.....
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 no 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 HASEEB AHMAD S/O ALEESH AHMAD
CHUNMUNPUR, Ps- DEVKRI I, PHARDHAN, KHERI, UTTAR PRADESH
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, HASEEB AHMAD S/O ALEESH AHMAD do hereby declare that what is stated above is true to the best of my knowledge and belief.

Date 14/02/2026

Place KHERI

Haseeb Ahmad

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.



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID : PGIR0928

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, 01214063570, (GSTIN: 09AAACT0627R4ZU)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-5 Years)	Policy Issued On	20-MAR-25
Policy No	252400/31/2025/96255	Proposal No. & Date	R/252400/31/2025/97775132/2 & 20-MAR-2025
Agent/Broker Code	HA0000155144	Policy Period (OWN DAMAGE)	FROM 17:19 ON 20/03/2025 10 MIDNIGHT OF 19/03/2026
Agent/Broker Name	ABHINAV BIJATI	Policy Period (LIABILITY)	FROM 17:19 ON 20/03/2025 TO MIDNIGHT OF 19/03/2030
Insured Name	HASEEB AHMAD (GSTIN:)	Lead /Breakin No	/
Insured Address	C/O SRI ALEESH AHAMD, R/O CHUNMUNPUR POST- DEVKALI PHARDHAN KHERI, PS- PHARDHAN, LAKHIMPUR KHERI, NA, 0	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS			INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP		Vehicle	73175
Model & Variant	HERO SPLENDOR PLUS I-20		Electrical Accessories	0
Registration No	NEW		Non Electrical Accessories	0
Year Of Manufacture	2025		Total IDV	73175
Engine -Chassis No	HA11U8SHB64373 - MBLHAW231SHBH5256		TMF CONTRACT NO	
Cubic Capacity	100		Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1		Geographical Area	
Type Of Body	SOLO	Type Of Fuel	PETROL	
RTO Location				

Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1226.41	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	184.41	Legal Liability (WC) to driver (IMT-28)	0
Geographical Area Extn (IMT -1)	0	Legal Liability to Employees (IMT-29)	NA
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%)	0
Deductibles		PA Paid Driver, Conductor, Cleaner-GR36B3	3851
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	4055
Anti- Theft Device (IMT-10)	0	Total Premium (A+B)	726
AAI Membership (IMT-8)	0	GST	0
No Claim Bonus	0	SERVICE TAX	0.00
Discount for vehicle designed for handicapped	0	STAMP DUTY	0
SIP Discount	0	Swachh Bharat Cess@0.50%	0
Sub -Total Deductibles	0	Krishi Kalyan Cess@0.50%	4761
Add-On Coverages		Gross Premium Paid	
NIL Depreciation	0		
Return to Invoice	0	Note:	
Key Replacement	0	1. Policy Issuance is the subject to the realisation of cheque	
Consumables	0	2. Consolidated Stamp Duty paid via Challan No	
Sub Total Add-on Coverages	0	3. The Policy is subject to a compulsory Deductible of Rs 0(IMT-22)	
Net own Damage Premium(A)	184	4. Voluntary excess Rs(0)	
		5. Subject to Endorsements IMT,7,10,28.	

Nominee Details :	Nominee Name	Age	1	Relation	
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name	Amount	4761
Financer Type	Financer Name	Cash	Financer Branch		
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 cheques the Company shall not be liable under the policy and the policy shall be void abinitio (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 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.

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 20-MAR-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 MVA 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 for: (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.

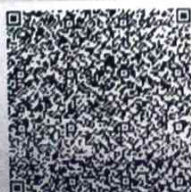
Driver's Clause: Any person including the insured provided that the person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective license's license must also drive vehicle & 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 PA Cover under section III for owner-Driver is RS 0

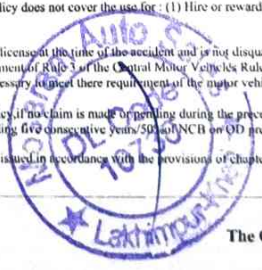
No Claim bonus: The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy, if no claim is made or pending during the preceding year(s) as per the. The preceding year/20%, preceding two consecutive years/25%, preceding three consecutive years/35%, preceding five consecutive years/45%, preceding 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 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 : UNIV@252400
Approved On : 20-MAR-25
Place : MRT
Printed On : 20-MAR-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 : UP31CK8247 Registration Date : 21-Mar-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 : HASEEB AHMAD Son/wife/daughter of : S/O SRI ALEESH AHAMD
 Full Address: (Permanent) : R/O CHUNMUNPUR POST- DEVKALI, PHARDHAN KHERI, PS- PHARDHAN, KHERI, UTTAR
 PRADESH-262701
 Full Address: (Temporary) : R/O CHUNMUNPUR POST- DEVKALI, PHARDHAN KHERI, PS- PHARDHAN, KHERI-UTTAR
 PRADESH-262701

Fitness UpTo : 20-Mar-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 : AA2121967000 Rear HSRP No : AA1040090638
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 02/2025
 No of Cylinders : 1 Chassis No : MBLHAW231SHBH5256
 Engine No : HA11E8SHB64373 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ (DRS) Wheel base : 1236
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 109
 Colour : BLACK GREY STRIPE Laden/GV Wt (kgs) : 239
 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 : 20-Mar-2025 Sale Amt : 77027/-
 OTT Date : 20-Mar-2025 Amount/Rcpt No : 7703 / UP31D25030003354
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 25-Mar-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 21-Mar-2025 to 20-Mar-2040

Date : 08-Apr-2025 16:40:01

Taxation Particulars / Advance Registration Mark Fee Details

पंजीयन अधिकारी
 Signature of Registering Authority
 लखीमपुर खीरी
 Date : 08-Apr-2025

Q 2464504



Indian Union Driving Licence
Issued by Uttar Pradesh



UP31 20250017543



Issue Date Validity (NT) Validity(TR)*
 22-11-2025 06-03-2040



Holder's Signature

Date of First Issue 22-11-2025

Name: **HASEEB AHMAD**
 Date of Birth: **07-03-2000** Blood Group: Organ Donor: **N**
 Son/Daughter/Wife of: **ALEESH AHAMD**
 Address:
CHUNMUNPUR POST DEVKALI KHERI PHARDHAN
LAKHIMPUR KHERI UTTAR PRADESH 262701

DL No: UP31 20250017543

UPDL311000030428



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	22-11-2025	NT			
	LMV	UP31	22-11-2025	NT			
	MVSD						

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority
UP31 LAKHIMPUR KHERI



भारत सरकार

Government of India



हसीब अहमद

Haseeb Ahmad

जन्म तिथि / DOB : 07/03/2000

पुरुष / Male



2920 6108 9216

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:

आत्मज: अलीश अहमद, चुनमुनपुर
पोस्ट देवकली, फरधान, खीरी, खीरी,
उत्तर प्रदेश, 262701

Address:

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