

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-0226-875	Date	19-02-2026
Customer Name	SHOBHIT ..	Contact No.	8756973661
VIN	MBLHAW403SHB00940	Model	SPLENDOR+ XTEC 2.0
Insurance Company		Reg No.	UP31CK3616
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	83410AAE930DS -VISOR FRONT NH-1	87141090	Paid	831.36	1	9.00	9.00	0.00	0.00	0.00	0.00	981.00
2	33100AAE941S -LIGHT ASSEMBLY HEAD LAMP	85122010	Paid	2,542.37	1	9.00	9.00	0.00	0.00	0.00	0.00	3,000.00
3	3345BAAE941S -WINKER ASSEMBLY LEFT FRONT	85122010	Paid	135.59	1	9.00	9.00	0.00	0.00	0.00	0.00	160.00
4	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
5	88110AAE930ES -MIRROR ASSEMBLY RIGHT BACK RD-021M	70091090	Paid	203.39	1	9.00	9.00	0.00	0.00	0.00	0.00	240.00
6	24701AAE300S -PEDAL GEAR CHANGE	87141090	Paid	151.69	1	9.00	9.00	0.00	0.00	0.00	0.00	179.00
7	K50506KCCA900LS -KIT STEP	87141090	Paid	190.68	1	9.00	9.00	0.00	0.00	0.00	0.00	225.00
8	51410KWA941S -PIPE COMP. FR FORK	87141090	Paid	898.31	2	9.00	9.00	0.00	0.00	0.00	0.00	2,120.00
Parts Total											0.00	7,365.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR+ XTEC 2.0	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	7,365.00
Labour Total	2,000.10
SGST (Parts) 9%	561.74
CGST (Parts) 9%	561.74
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
Total	9,365.10

Rupees in Words: Nine Thousand Three Hundred Sixty Five 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

10730 - Main WS



GOVERNMENT OF UTTAR PRADESH

Transport Department LAKHIMPUR KHERI

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP31CK3616 Registration Date : 21-Feb-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 : SHOBHIT Son/wife/daughter of : S/O SRI VINOD KUMAR
 Full Address: (Permanent) : R/O BABURAM SARARF NAGAR, SAIDHARI, SAIDHARI. MIDANIA, KHERI, PS-
 KOTWALI, KHERI, UTTAR PRADESH-262701
 Full Address: (Temporary) : R/O BABURAM SARARF NAGAR, SAIDHARI, SAIDHARI. MIDANIA, KHERI, PS-
 KOTWALI, KHERI-UTTAR PRADESH-262701

Fitness UpTo : 20-Feb-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	Rear HSRP No	: AA1040066415
Front HSRP No	: AA2121945677	Month/Year of Manuf.	: 02/2025
Type of Body	: SOLO WITH PILLION	Chassis No	: MBLHAW403SHB00940
No of Cylinders	: 1	Fuel	: PETROL
Engine No	: HA11F1SHB00707	Cubic Capacity	: 97.20
Horse Power(BHP)	: 7.91	Wheel base	: 1235
Maker's Classification	: SPLENDOR+ XTEC 2.0	Standing Cap	: 0
Seating Cap(in all)	: 2	Unladen Wt (kgs)	: 112
Sleeper Cap	: 0	Laden/GV Wt (kgs)	: 242
Colour	: MAT GUN MET GREY	AC Fitted	: NO
Other Criteria	:		
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 AWASTHI ENTERPRISES, LAKHIMPUR, LAKHIMPUR, , Kheri, Uttar Pradesh-262701 w.e.f. 20-Feb-2025.

Purchase dt : 20-Feb-2025 Sale Amt : 84351/-
 OTT Date : 20-Feb-2025 Amount/Rcpt No : 8436 / UP31D25020003503
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED

Other State/Transfer/Conversion/Reassign Details

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

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

Date : 20-Mar-2025 17:43:06

Taxation Particulars / Advance Registration Mark Fee Details

पंजीयन अधिकारी
 मोटर वाहन विभाग
 लखीमपुर-खेरी
 Signature of Registering Authority
 Date : 20-Mar-2025

Q 2471570



The Oriental Insurance Company Ltd.
Policy Schedule

Form No. 1
Page No. 1

TAX INVOICE CERTIFICATE CUM POLICY SCHEDULE
(FORM S/D OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, MCKHAIR NAGAR, OPP. CHAMSIAN CINEMA, KHERI, U.P. - 201106 (GSTIN: 09AAAC1062164Z1)

Policy Type	BUNDLED POLICY (MOTOR INSURANCE WITH LIABILITY)	Policy Issued On	20-FEB-25
Policy No	25240031202588005	Proposal No. & Date	R/252400312025/0925545/14 & 20-FEB-2025
Agent/Broker Code	WAD00014814	Policy Period (OWN DAMAGE)	FROM 17.03.2025 TO 02.03.2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 17.03.2025 TO MIDNIGHT OF 19.03.2026
Insured Name	SHOHIT GUSTIN	Lead/Broker No	
Insured Address	C-1, SEVA INDIK, MAR. ROAD, HARI RAM NAGAR, SAIDHARI SAIDHARI MIDHANIA, KHERI, U.P.	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS

Make	HERO MOTORCORP	Vehicle	80133
Model & Variant	HERO SPLENDOR PLUS XT 150	Electrical Accessories	0
Registration No	NIW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	80133
Engine - Chassis No	HA1E1SH0000101XBI11AW10SH100010	TMF CONTRACT NO	
Cubic Capacity	150	Policy Type	Zone B - Rest of India
Seating Capacity	2	Geographical Area	
Type Of Body	80133		
RTO Location			

Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION (A)		LIABILITY SECTION (B)	
Vehicle	1343.05	Basic Third Party Liability	3851
Elec Accessories	0	Compulsory PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	20.14	Legal Liability (WC) to driver (IMT-28)	0
Geographical Area Extn (IMT-14)	0	Legal Liability to Employees (IMT-29)	NA
Driving Traction Loading On OD Premium (60%)	0	Legal Liability to Passenger (IMT-16)	NA
Sub-Total Additions	0	Driving Traction Loading On TP Premium (60%)	0
Deductibles	0	PA Paid Driver, Conductor, Cleaner-CR36B3	3851
Voluntary Deductibles (IMT-22A)	0	Net Liability Premium (B)	4052
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	730
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%	4782
Add-On Coverages	0	Grupa Premium Paid	
NIL Depreciation	0		
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub-Total Add-on coverages	0		
Net own Damage Premium (A)	201		

Nominee Details	Nominee Name	Age	Relation
Payment Details	Payment Method	Cheque No./Transaction No.	Bank Name
Financer Type	Financer Name	Financer Branch	Amount
POS Name	POS ID	POS PAN NO/Aadhar No	

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 OIR endorsements mentioned herein above which are available on company's website.

Warranty: In the event of a claim, the insured shall not be liable under the policy and the policy shall be void ab initio (from inception).

Claim is not admissible if during the term of the policy, the insured is found to be driving the vehicle without a valid license or not in the knowledge of the insured.

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 authorized by and on behalf of the company has hereon set his/her hands at 252400 on 20-FEB-25.

IMPORTANT NOTICE
The Insured is advised that the certificate of insurance is issued 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 M.V. Act, 1988 is not a discharge from the insured's liability under the certificate. THE CERTAIN AND RIGHTS OF RECOVERY.

Limitations as per The policy does not cover the use for: (1) Hire or reward (2) Carriage of goods (other than samples or personal luggage) (3) Operation of any motor vehicle (4) Race, Motor Cycle, Driving with liability tools.

Driver's Clause Any person operating the motor vehicle shall be a person who 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 shall be the insured or the insured's authorized representative.

Limit of Liability Clause The limit of liability for the policy shall be as per the schedule of the policy.

No Claim Bonus The insured is entitled for a No Claim Bonus (NCB) in the event of no claim during the preceding year(s) as per the The preceding year 20% preceding two consecutive years 25% preceding three consecutive years 35% preceding four consecutive years 45% preceding five consecutive years 50% preceding six consecutive years 55% preceding seven consecutive years 60% preceding eight consecutive years 65% preceding nine consecutive years 70% preceding ten consecutive years.

This insurance is a basic policy covering damages.

Approved By: [Signature]

Approved On: [Date]

Place: [Location]

Printed On: [Date]

For and on behalf of
The Oriental Insurance Company Limited
DL [Signature]
LAKHIMPUR, KHERI
General Manager
Authorized Signatory

To / सवा मं,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

Oriental Insurance Co Ltd
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

MEERUT

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र. विषय : Claim Intimation Letter

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.	श्रीमित, 8756973661
2	Vehicle No. / वाहन संख्या	UP31 CK 3616
3	Policy No. / पालिसी संख्या	252400/31/2025/88005
4	Period of Insurance / बीमा अवधि	20/02/2025 से 19/02/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	17/02/2026 7:00PM
6	Place of Accident / दुर्घटना का स्थान	औधल के पास
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	हरि ओम तिवारी, 9911431439 UP31 2025 0005237
8	Estimated Loss / अनुमानित हानि	
09	Cause of Accident / दुर्घटना का कारण	औधल के पास समाने से साइ से टक्कर हो गई / जिससे मेरी गाड़ी चयी ओर गिरकर रगड़कर 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, LRPRAD LAKHTIMPUR- KHERI, 9151154036

Date / दिनांक : 18/02/2026
हस्ताक्षर

श्रीमित
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. 252400/31/2025/88005

Tel. No. _____

Period of Insurance 20/02/2025 to 19/02/2026
 Claim No. _____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY. FORM IS NOT TO BE TAKEN
 Please answer All relevant questions fully

1. INSURED

- (a) Name : SHOBHIT
 (b) Address for correspondence : RIOBABURAM SARAF NAGAR, SAIDHARI, MODANA, KHERI PS-KOTWALI, KHERI, UP, 262701
 (c) Telephone : 8756973661

2. THE INSURED VEHICLE

Make & Year <u>HERO 2025</u>	Engine No. <u>HA11F1SHB00707</u> Chassis No. <u>MBLHAWH03SHB00940</u>	Registration No. <u>UP31CK 3616</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? N/A
 (d) If a Motor Cycle/scooter
 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 : HART OM TIWART
- (b) Age : 15/11/1994
- (c) Address : AYODHYAPURI, KHERI, LAKHIMPUR. KHERI,
UP, 262701
- (d) Is the Driver
1. Owner : Yes
 2. paid driver? : No
 3. Owner's relative or friend? : FRIEND
- (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 20250005237
- (h) Issuing Authority : 22/04/2025
- (i) Date of Expiry : 21/04/2035
- (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 : 17/02/2026 7:00PM
- (b) Place : ओयल के पास
- (c) Speed of vehicle at the time of accident : 30-40km/h
- (d) Give a short description of the accident : ओयल के पास जाते से साइ से लुकर हो गई जिससे मेरी
- (e) If any third party was responsible for this accident give the name and address : गाड़ी दायी ओर गिरकर क्षतिग्रस्त हो गई।
साइ कर

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND RIGHT
- (b) Estimated cost of repairs : MOSARAM AUTO SALES, LRP
- (c) When and where can the damaged vehicle be inspected : 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 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 18/02/2006

Signature of the insured [Signature]

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? : _____
- (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 18/02/ 2006

Signature of the insured [Signature]

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. UP31K 3616 insured under Policy No. _____ of
the said company and accident which occurred on or about _____ / 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
.....

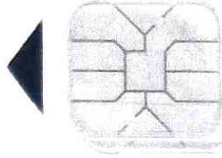
Bank Account Number
Name of the Bank



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

UP

UP31 20250005237



Issue Date Validity (NT) Validity(TR)*
22-04-2025 21-04-2035



Holder's Signature

Date of First Issue 22-04-2025

Name: **HARI OM TIWARI**
 Date of Birth: **15-11-1994** Blood Group:
 Son/Daughter/Wife of: **KRISHNA KUMAR** Organ Donor: **N**
 Address:
**AYODHYAPURI KHERI LAKHIMPUR LAKHIMPUR
KHERI UTTAR PRADESH 262701**

DL No: UP31 20250005237

UPDL311000008619



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	22-04-2025	NT				
LMV	UP31	22-04-2025	NT				
MVSD							

Emergency Contact Number

Pankaj
Licensing Authority
UP31 LAKHIMPUR KHERI

Form 7 Rule 16(2)



भारत सरकार
Government of India



शोभित
SHOBHIT
पिता : विनोद कुमार
Father : VINOD KUMAR
जन्म तिथि / DOB : 02/04/2002
पुरुष / Male



8922 0821 4884

मेरा आधार, मेरी पहचान



क्षेत्रीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
बाबू राम सरार्फ नगर, सैधरी, सिधारी,
मिडनिया, खीरी, उत्तर प्रदेश,
262701

Address:
BABURAM SARARF NAGAR,
SAIDHARI, Saidhari, Midania,
Kheri, Uttar Pradesh, 262701

8922 0821 4884



1947



help@uidai.gov.in

WWW

www.uidai.gov.in

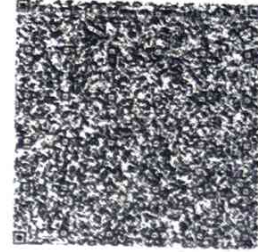
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
TBVPS3133P



नाम / Name
SHOBHIT

पिता का नाम / Father's Name
VINOD KUMAR

जन्म की तारीख / Date of Birth
02/04/2002

शोभित
हस्ताक्षर / Signature

22005

In case this card is lost / found, kindly inform / return to :

Income Tax PAN Services Unit, UTIITSL
Plot No. 3, Sector 11, CBD Belapur,
Navi Mumbai - 400 614.

Helpline Number : 033-40802999

इस कार्ड के खोने/पाने पर कृपया सूचित करें/लौटाएं :

आयकर पैन सेवा यूनिट, UTIITSL
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