

ESTIMATE

Estimate No. 10730-03-REST-0326-903
 Customer Name ADITYA KUMAR
 VIN MBLJAU028SGA26577
 Insurance Company
 HMCGL Card No
 Part Details

Date 06-03-2026
 Contact No. 7376834653
 Model XTREME 125R
 Reg No. UP31CK6596
 HMCGL Card Category

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	K50508ACLA000S -Kit Engine Guard	87141090	Paid	366.95	1	9.00	9.00	0.00	0.00	0.00	0.00	433.00
2	53200ACL000S -STEM COMPLETE STEERING	87141090	Paid	921.19	1	9.00	9.00	0.00	0.00	0.00	0.00	1,087.00
3	51410ABZ000S -PIPE COMP FR FORK	87141090	Paid	726.27	2	9.00	9.00	0.00	0.00	0.00	0.00	1,714.00
4	50470ACL000BS -GRIP RLAR REAR R-321	87141090	Paid	554.24	1	9.00	9.00	0.00	0.00	0.00	0.00	654.00
5	52400ACL000S -CUSHION ASSEMBLY REAR	87141090	Paid	2,128.81	2	9.00	9.00	0.00	0.00	0.00	0.00	5,024.00
6	46500ACL000S -PEDAL BRAKE	87141090	Paid	167.80	1	9.00	9.00	0.00	0.00	0.00	0.00	198.00
7	18312ACL000S -COVER MUFFLER	87141090	Paid	241.53	1	9.00	9.00	0.00	0.00	0.00	0.00	285.00
8	61301ACL000S -COWL FRONT	87141090	Paid	218.64	1	9.00	9.00	0.00	0.00	0.00	0.00	258.00
9	6131AACL000S -STAY METER SUB ASSEMBLY	87141090	Paid	128.81	1	9.00	9.00	0.00	0.00	0.00	0.00	152.00
10	61322ACL000AS -FRONT COWL RIGHT NH-1	87141090	Paid	311.86	1	9.00	9.00	0.00	0.00	0.00	0.00	368.00
11	61323ACL000AS -FRONT COWL LEFT NH-1	87141090	Paid	272.88	1	9.00	9.00	0.00	0.00	0.00	0.00	322.00
12	83500ACL000AS -SIDE COVER BOX RIGHT NH-1	87141090	Paid	218.64	1	9.00	9.00	0.00	0.00	0.00	0.00	258.00
13	83100ACL000AS -COVER RIGHT SIDE BLACK NH-1	87141090	Paid	507.63	1	9.00	9.00	0.00	0.00	0.00	0.00	599.00
14	83549ACL000S -SIDE SHROUD INNER FRONT	87141090	Paid	183.05	1	9.00	9.00	0.00	0.00	0.00	0.00	216.00
15	83550ACL000AS -SIDE SHROUD OUTER RIGHT BLACK NH-1	87141090	Paid	335.59	1	9.00	9.00	0.00	0.00	0.00	0.00	396.00
16	83553ACL000S -SIDE SHROUD INNER BACK R	87141090	Paid	144.07	1	9.00	9.00	0.00	0.00	0.00	0.00	170.00
17	83547ACL000AS -SIDE SHROUD GARNISH RIGHT NH-1	87141090	Paid	280.51	1	9.00	9.00	0.00	0.00	0.00	0.00	331.00
18	83596ACL000S -SIDE COVER LOWER RIGHT	87141090	Paid	100.85	1	9.00	9.00	0.00	0.00	0.00	0.00	119.00
Parts Total											0.00	12,584.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	102032 - ACCIDENTAL LABOUR-XTREME 125R	998729	Paid	1,695.00	9.00	9.00	0.00	0.00	0.00	0.00	2,000.10

TAX INVOICE/CERTIFICATE

Jobs Total	0.00	2,000.10
Parts Total		12,584.00
Labour Total		2,000.10
SGST (Parts) 9%		959.80
CGST (Parts) 9%		959.80
SGST (Labour) 9%		152.55
CGST (Labour) 9%		152.55
Total		14,584.10

Authorised Signatory

Rupees in Words: Fourteen Thousand Five Hundred Eighty Four and paise Ten Only

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
- #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
M.F.ERGT

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.	ADITYA KUMAR RANA 7990038941
2	Vehicle No. / वाहन संख्या	UP31CK 6596
3	Policy No. / पालिसी संख्या	252400/31/2025/92810
4	Period of Insurance / बीमा अवधि	07/03/2025 से 06/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	25/02/2026 दुर्घटना 5:30 PM
6	Place of Accident / दुर्घटना का स्थान	हाउस ओवर ब्रिज के पास
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	BIRENDRA KUMAR, 9125180558 UP3120170005890
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण:	लीला कुवा ले कमलापुर आ रहे थे तभी अचानक हाउस ओवर ब्रिज के पास सामने ले बाईके आ गई जिससे इमरजेंसी में मुझे ब्रेक लगाना पड़ा। जिससे गाड़ी डिस्कब्रैक होकर दायाँ ओर गिरकर हाताहत 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, LRPRoad LAKHIMPUR-KHERI, 9151154036

अदित्य कुमार राना

Date / दिनांक : 27/02/2026
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
 Tel. No. _____

Certificate/Policy No. 252400/31/2025/92810
 Period of Insurance 07/03/2025 to 06/03/2026
 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 : ADITYA KUMAR RANA
 (b) Address for correspondence : R/O SAUNAH KHERI, PS CHANDAN CHAUKI, LAKHIMPUR KHERI
 (c) Telephone : 7990038944

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>JAOTAVSGA25619</u> Chassis No. <u>MBLJAU028SGA26577</u>	Registration No. <u>UP31CK</u> <u>6596</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: BIRENDRA KUMAR
 (b) Age: 10/07/1983
 (c) Address: V.P. SOUNAHA-THANA-CHANDAN CHAUKI,
LAKHIMPUR-KHERI
 (d) Is the Driver
 1. Owner: NO
 2. paid driver?: NO
 3. Owner's relative or friend?: Yes (Brother)
 (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 20170005890
 (h) Issuing Authority: 30/05/2017
 (i) Date of Expiry: 09/07/2033
 (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: 25/02/2026 5:30 PM
 (b) Place: हाउस ओवरब्रिज के पास
 (c) Speed of vehicle at the time of accident: 36-40 km/h
 (d) Give a short description of the accident: हाउस ओवरब्रिज के पास सामने से वाइक आ गई
 (e) If any third party was responsible for this accident give the name and address: जिसके शर्लसी में ब्रेक लगाना पडा जिससे मुरोगाडी डिस्ब्रेक्स होकर वाइक और गिरकर साव भरत हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage: FRONT AND RIGHT
 (b) Estimated cost of repairs: MOSARRAM AUTO SALES, LRPR ROAD
 (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 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 27/02/2008

Signature of the insured अदिल कुमार राणा

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. UP31CK6596 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 अदित्य कुमार शर्मा
Occupation
Address

Bank Account Number
Name of the Bank



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: 09AACT0627R4ZU)

Policy Type: BUNDLED POLICY (MOTORISED TWO WHEELERS-5 Years)
 Policy No: 252400/31/2025/92810
 Agent/Broker Code: BA0000155144
 Agent/Broker Name: ABHINAV BIJATI
 Insured Name: ADITYA KUMAR RANA (GSTIN:)
 Insured Address: C/O SRIJITENDRA, R/O SAUNAHA, KHERI, PS- CHANDAN CHAUK, LAKHIMPUR KHERI, NA, 0

Policy Issued On: 07-MAR-25
 Proposal No. & Date: R/252400/31/2025/97354223/7 & 07-MAR-2025
 Policy Period (OWN DAMAGE): FROM 19:25 ON 07-03-2025 TO MIDNIGHT OF 06-03-2026
 Policy Period (LIABILITY): FROM 19:25 ON 07-03-2025 TO MIDNIGHT OF 06-03-2026

Lead / Breakin No: 7
 Insured State: UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP	Vehicle	96367
Model & Variant	XTREME 125R ABS	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	96367
Engine -Chassis No	JA07AVSGA25619 - MBLJAU028SGA26577	TMF CONTRACT NO	
Cubic Capacity	124.7	Policy Type	Zone B - Rest of India
Seating Capacity	1+1	Geographical Area	
Type Of Body	OTHERS	Type Of Fuel	PETROL
RTO Location			

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1615.11	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	242.11	Legal Liability (WC) to driver (IMT-28)	0
Geographical Area Extn (IMT -1)	0	Legal Liability to Employees (IMT-29)	0
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%)	NA
Deductibles	0	PA Paid Driver, Conductor, Cleaner-GR30B3	0
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	3851
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	4093
Anti-Membership (IMT-8)	0	GST	736
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%	0
Add-On Coverages	0	Gross Premium Paid	4829
NIL Depreciation	0	Note:	
Return to Invoice	0	1. Policy Insurance is the subject of the realisation of cheque	
Key Replacement	0	2. Consolidated Stamp Duty paid via Challan No	
Consumables	0	3. The Policy is subject to a compulsory Deductible of Rs 0 (IMT-22)	
Sub Total Add-on Coverages	0	4. Voluntary excess Rs(0)	
Net own Damage Premium(A)	242	5. Subject to Endorsements IMT, 7, 10, 28.	

Nominee Details	Nominee Name	Age	Relation
Payment Details	Payment Method	Cheque No./Transaction No.	Bank Name
			Amount
			4829
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.1 lac or a claim for refund of premium exceeding Rs1 lac 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 cheque(s) 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.

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 hereon to set his/his hands at 252400 on 07-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 trails (7) Any Purpose in connection with motor trade.

Driver's Clause: Any person including the insured 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 learner's license may also drive vehicle & that such a person satisfies the requirement of Rule 7 of the Central Motor Vehicles Rules, 1989.

Limits of Liability Clause: Under section II-1 (ii) of the policy - Death of or bodily 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 P.A. Cover under section III for owner-Driver is RS 0.

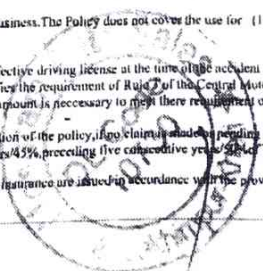
No Claim Bonus: The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy, if no claim is made or pending during the preceding year(s), as per the Preceding year/20% preceding two consecutive years/25% preceding three consecutive years/35% preceding five consecutive years/45% preceding five consecutive years/50% NCB on OD premium. No Claim Bonus only be allowed provided the policy is renewed within 90 days of the previous policy.

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: 07-MAR-25
 Place: MKT
 Printed On: 07-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 : UP31CK6596 Registration Date : 09-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 : ADITYA KUMAR RANA Son/wife/daughter of : S/O SRI JITENDRA
Full Address: (Permanent) : R/O SAUNAHA, KHERI, KHERI, PS- CHANDAN CHAUKI, KHERI, UTTAR PRADESH-262902
Full Address: (Temporary) : R/O SAUNAHA, KHERI, KHERI, PS- CHANDAN CHAUKI, KHERI-UTTAR PRADESH-262902

Fitness UpTo : 08-Mar-2040 Owner Serial No : 1
Detailed Description
Class of Vehicle : M CYCLE/SCOOTER Link Vehicle No : BIHARAT STAGE VI
Ownership : INDIVIDUAL
Maker's Name : HERO MOTOCORP LTD
Front HSRP No : AA2121946451 Rear HSRP No : AA1040067189
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 01/2025
No of Cylinders : 1 Chassis No : MBLJAU028SGA26577
Engine No : JA07AVSGA25619 Fuel : PETROL
Horse Power(BHP) : 11.39 Cubic Capacity : 124.70
Maker's Classification : XTREME 125 R ABS Wheel base : 1319
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 137
Colour : BLACK Laden/GV Wt (kgs) : 267
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 : 07-Mar-2025 Sale Amt : 101439/-
OTT Date : 07-Mar-2025 Amount/Rcpt No : 10144 / UP31D25030001645
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 22-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 09-Mar-2025 to 08-Mar-2040

Date : 03-Apr-2025 09:20:50
Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 03-Apr-2025

Q 2546911

अदित्य कुमार राना

Seen for U/S 437A
ST No - 389-13
फ. नं. 08-13
जिल्हा एव
राज्य न्यायशाखा
लखीमपूर-खारी
10/9/25

UNION OF INDIA Driving Licence



UP31 20170005890



जारी करने की तिथि
Date of Issue
30/05/2017
जन्म तिथि
Date of Birth
10/07/1983

वैधता / Validity
09/07/2033

Blood Group
Unknown



नाम / Name

BIRENDRA KUMAR

पिता/पति का नाम / Son/Daughter/Wife of

FERU LAL RANA

बीरेंद्र कुमार

9125100550

UP31 20170005890

UP05251014VT

LMV
30/05/2017

MCWG
30/05/2017



Form 7 Rule 16(2)

पता / Address

VILL POST SOUNAHA
THANA CHANDAN CHAUKI
LAKHIMPUR KHERI -

Birendra Kumar
Holder's Signature

[Signature]
जारीकर्ता / Issuing Authority Sign
lakhimpur kheri



भारत सरकार
Government of India



आदित्य कुमार राना
Aditya Kumar Rana
जन्म तिथि/DOB: 08/02/2005
पुरुष/ MALE

Issue Date: 13/04/2015

7322 4036 5976

VID : 9101 9168 6705 0181

मेरा आधार, मेरी पहचान



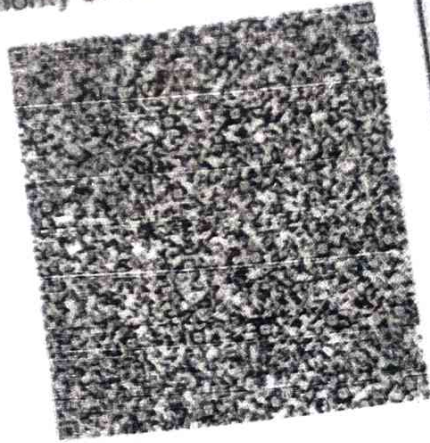
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आदित्य कुमार राना
Aditya Kumar Rana
जन्म तिथि/DOB: 08/02/2005
पुरुष/ MALE

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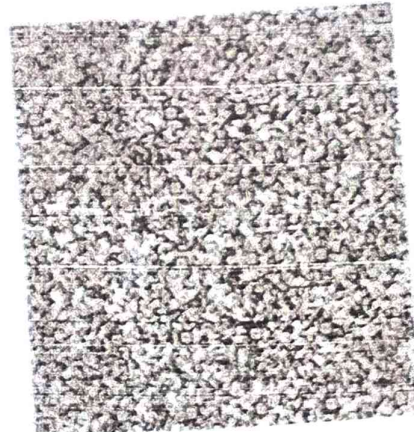
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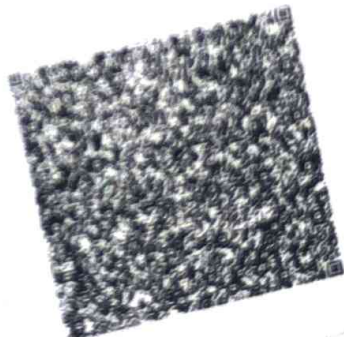
पिता का नाम / Father's Name
JITENDRA

08/10/2005

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