

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.	हेल्पा मित्रा, 7800095211
2	Vehicle No. / वाहन संख्या	UP31CK 6728
3	Policy No. / पालिसी संख्या	252400/31/2025/93066
4	Period of Insurance / बीमा अवधि	09/03/2025 से 08/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	03/03/2025 से समय - 7:00 PM
6	Place of Accident / दुर्घटना का स्थान	मैथना जंगल के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	आदेश मित्रा, 6387070313 UP3120230007186
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण : मैथना जंगल के पास सामने से साइ से टक्कर हो गई जिससे मेरी गाड़ी टायी और गिस्कर सातंत्र 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, LRPPURD LAKHIMPUR-KHERI, 9151154036

Happy Mishra

Date / दिनांक : 06/03/2026  
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 MERUT

Certificate/Policy No. 252400/31/2025/93066

Tel. No.

Period of Insurance 09/03/2025 से 08/03/2026  
 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 : HAPPY MISHRA.  
 (b) Address for correspondence : R/D DEVKALI ROAD, SUBHASH NAGAR, LAKHIMPUR-  
 (c) Telephone : 7800095211 KHERI,

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>HAIJF1SHCO4590</u> Chassis No. <u>MBLHANW403SHCO4571</u>	Registration No. <u>UP31CK</u> <u>6728</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 : ADARSH MISHRA  
 (b) Age : 01/12/2001  
 (c) Address : R/O GOTAIYA BAGI, GOLA ROAD, LAKHIMPUR-KHERI, UP, 262701  
 (d) Is the Driver  
 1. Owner : No  
 2. paid driver? : No  
 3. Owner's relative or friend? : BHAI  
 (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 20230007186  
 (h) Issuing Authority : 07/08/2023  
 (i) Date of Expiry : 30/11/2041  
 (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 : 03/03/2026 7:00PM.  
 (b) Place : मथना जंगल के पास  
 (c) Speed of vehicle at the time of accident : 30-40 km/h.  
 (d) Give a short description of the accident : मथना जंगल के पास सामने से साइ से टक्कर हो गई  
 (e) If any third party was responsible for this accident give the name and address : जिससे मेरी गाड़ी लथाम और गिरकर सतिमस्त हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND RIGHT  
 (b) Estimated cost of repairs :  
 (c) When and where can the damaged vehicle be inspected : MOSARAM AUTO SALES, LRPR 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 : N/A  
 (f) Has notice of any claim been given to you? :

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? :
- (b) If yes, give full details :

NO  
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? :
- (d) If yes, to which Police Station? :
- (e) Date and Diary No. :

N/A

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 :

N/A

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 06/03/2006

Signature of the insured Hobby Mishra

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. UP31CK6728 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 Happy Mishra .....

Occupation .....

Address .....

Bank Account Number .....

Name of the Bank .....



# GOVERNMENT OF UTTAR PRADESH

Transport Department LAKHIMPUR KHERI

FORM 23

## CERTIFICATE OF REGISTRATION

Registration No : UP31CK6728 Registration Date : 11-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 : HAPPY MISHRA Son/wife/daughter of : S/O SRI HARISH MISHRA  
Full Address: (Permanent) : R/O DEVKALI ROAD SUBHASH NAGAR, LAKHIMPUR KHERI ( DEHAT), PS- KOTWALI, KHERI, UTTAR PRADESH-262701  
Full Address: (Temporary) : R/O DEVKALI ROAD SUBHASH NAGAR, LAKHIMPUR KHERI ( DEHAT), PS- KOTWALI, KHERI-UTTAR PRADESH-262701

Fitness UpTo : 10-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 : AA2121946460 Rear HSRP No : AA1040067198  
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 03/2025  
No of Cylinders : 1 Chassis No : MBLHAW403SHC04571  
Engine No : HA11F1SHC04590 Fuel : PETROL  
Horse Power(BHP) : 7.91 Cubic Capacity : 97.20  
Maker's Classification : SPLENDOR+ XTEC 2.0 Wheel base : 1235  
Seating Cap(in all) : 2 Standing Cap : 0  
Sleepar Cap : 0 Unladen Wt (kgs) : 112  
Colour : Black Heavy Grey Laden/GV Wt (kgs) : 242  
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)
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- a) Front:
- b) Rear:
- c) Other:
- d) Tandem:

The motor vehicle above described is subject to Hypothecation in favour of SHRIRAM FINANCE LIMITED, KANPUR, KANPUR, , Kanpur Nagar, Uttar Pradesh-208002 w.e.f. 09-Mar-2025.

Purchase dt : 09-Mar-2025 Sale Amt : 84351/-  
OTT Date : 09-Mar-2025 Amount/Rcpt No : 8436 / UP31D25030001787  
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 11-Mar-2025 to 10-Mar-2040

Date : 03-Apr-2025 09:20:52

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
Date: 03-Apr-2025

Q 2546920



The Oriental Insurance Company Ltd.  
Policy Schedule

Report ID : PGIR/928

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	09-MAR-25
Policy No	252400/31/2025/93066			Proposal No.& Date	R/252400/31/2025/97404434/4 & 09-MAR-2025
Agent/Broker Code	BA0000155144			Policy Period (OWN DAMAGE)	FROM 16:07 ON 09/03/2025 TO MIDNIGHT OF 08/03/2026
Agent/Broker Name	ABHINAV BHATI			Policy Period (LIABILITY)	FROM 16:07 ON 09/03/2025 TO MIDNIGHT OF 08/03/2026
Insured Name	HAPPY MISHRA (GSTIN: )				
Insured Address	C/O SRI HARISH MISHRA, R/O DEVKALI ROAD SUBHASH NAGAR LAKHIMPUR KHERI (DEHAT), PS-KOTWALL, LAKHIMPUR KHERI, NA, 0			Lead / Breakin No	/
				Insured State	UTTAR PRADESH
INSURED MOTOR VEHICLE DETAILS			INSURED DECLARED VALUE (IDV) (in Rs.)		
Make	HERO MOTOCORP		Vehicle	80133	
Model & Variant	HERO SPLENDOR PLUS XTECH E20		Electrical Accessories	0	
Registration No	NEW		Non Electrical Accessories	0	
Year Of Manufacture	2025		Total IDV	80133	
Engine -Chassis No	HA11F1SHC04590 - MBLHAW403SHC04571		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	1343.03		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	201.03		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%)	NA	
	Deductibles		PA Paid Driver, Conductor, Cleaner-GR36B3	0	
Voluntary Deductibles (IMT 22A)	0		Net Liability Premium (B)	3851	
Anti- Theft Device (IMT-10)	0		Total Premium (A+B)	4052	
AAI Membership (IMT-8)	0		GST	730	
No Claim Bonus	0		SERVICE TAX	0	
Discount for vehicle designed for handicapped	0		STAMPDUTY	0.00	
SIP Discount	0		Swachh Bharat Cess@0.50%	0	
Sub -Total Deductibles	0		Krishn Kalyan Cess@0.50%	0	
	Add-On Coverages		Gross Premium Paid	4782	
NIL Depreciation	0		Note:		
Return to Invoice	0		1. Policy Issuance is the subject to 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)	201		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	
Financer Type	Financer Name	SHRIRAM FINANCE LIMITED	Financer Branch	LAKHIMPUR	
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 Rs1lac, 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](http://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.

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 09-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 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 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 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 following: 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 will 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 : 09-MAR-25

Place : MRT

Printed On : 09-MAR-25

For and on behalf of

**The Oriental Insurance Company Limited**



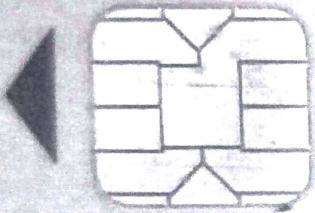
General Manager  
Authorized Signature



Indian Union Driving Licence  
Issued by Uttar Pradesh



UP31 20230007186



Issue Date 07-08-2023    Validity (NT) 30-11-2041    Validity(TR)# -----



*Adarsh Mishra*  
Holder's Signature

Date of First Issue (07-08-2023)

Name: ADARSH MISHRA  
Date of Birth: 01-12-2001    Blood Group:    Organ Donor: N  
Son/Daughter/Wife of: ANUJ MISHRA  
Address:  
gotaiya bag gola road Lakhimpur Kheri  
Uttar Pradesh 262701

DL No: **UP31 20230007186**

UPDL000011489485



Invalid Carriage (Regn Numbers)#

Hazardous Validity#

Hill Validity#

Form 7 Rule 16(2)

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number*	Badge Issued Date*	Badge Issued By*
	MCWG	UP31	07-08-2023	NT			
	LMV	UP31	07-08-2023	NT			
	MVSD						

Emergency Contact Number

Licensing Authority  
UP31 LAKHIMPURKHERI



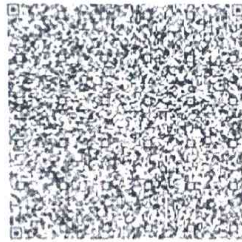
भारत सरकार  
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 0221/01102/03211

To  
हेप्पी मिश्रा  
Happy Mishra  
C/O Harish Mishra,  
devkali road,  
subhash nagar,  
VTC: Lakhimpur (Dehat),  
PO: Kheri,  
Sub District: Lakhimpur,  
District: Kheri,  
State: Uttar Pradesh,  
PIN Code: 262701,  
Mobile: 7800095211

Signature: Not Verified  
Digitally signed by Happy Mishra  
Identification Authority of India  
DN: cn=Happy Mishra, o=UIDAI, ou=UIDAI, email=Happy.Mishra@uidai.gov.in, c=IN



आपका आधार क्रमांक / Your Aadhaar No. :

3198 1503 1828  
VID : 9182 6999 6955 1104

मेरा आधार, मेरी पहचान



भारत सरकार  
Government of India



Aadhaar no. issued: 2013/02/04



हेप्पी मिश्रा  
Happy Mishra  
जन्म तिथि/DOB: 30/05/2005  
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।  
इसका उपयोग सरकारों (ऑनलाइन प्रमाणीकरण या क्यूआर कोड/  
ऑफलाइन एकराजपत्र 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)

3198 1503 1828

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 यूआईआईआई 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](http://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 पहले 10 वर्षों में कम से कम एक बार आधार में अपडेट करना चाहिए।
- आधार विभिन्न सरकारी और गैर सरकारी कायदों/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](http://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.
- Entities seeking Aadhaar are obligated to seek consent.



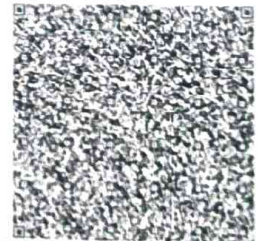
भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



Details as on: 24/06/2025

पता:  
C/O हरिश मिश्रा, देवकली रोड, सुभाष नगर, लखीमपुर देहात,  
खीरी, खीरी,  
उत्तर प्रदेश - 262701

Address:  
C/O Harish Mishra, devkali road, subhash nagar,  
Lakhimpur (Dehat), PO: Kheri, DIST: Kheri,  
Uttar Pradesh - 262701



3198 1503 1828

VID : 9182 6999 6955 1104

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help@uidai.gov.in

www.uidai.gov.in

आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार [A]

GOVT. OF INDIA

ई - स्थायी लेखा संख्या कार्ड

e - Permanent Account Number (e-PAN) Card

ILKPM1160C

नाम / Name

HAPPY MISHRA

पिता का नाम / Father's name

HARISH MISHRA

जन्म की तारीख / Date of Birth

30/05/2005

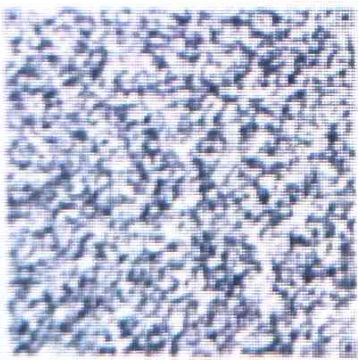
लिंग / Gender

Male



हैप्पी मिश्रा

हस्ताक्षर / Signature



Signature Not Verified

Digitally signed by Income Tax Department

Date: 28/06/2017 19:20:17  
Reason: Document Signer  
Location: India