

**MOSARAM BUSINESS & SERVICES PVT LTD**

THANA MADIION, NEAR ENGINEERING COLLEGE TANTA SQUARE, SITAPUR ROAD, LUCKNOW, LUCKNOW,  
 226024, UP, India  
 State Code: 9 Contact: 7408404728, , ,  
 GSTIN No: 09AAQCM8045C1Z7  
 Authorized Dealer: Hero MotoCorp Ltd.

**ESTIMATE**

Estimate No.	17011-03-REST-0326-88	Date	09-03-2026
Customer Name	SAPNA .	Contact No.	9839985246
VIN	MBLCEW046S6A02570	Model	V2 PLUS
Insurance Company	THE ORIENTAL CLAIM	Reg No.	
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	VD64300ACP000AS - COVER FRONT R	87141090	Paid	898.31	1	9.00	9.00	0.00	0.00	0.00	0.00	1,060.00
2	VD64304ACP000BS - COVER FRONT LOWER R	87141090	Paid	3,210.17	1	9.00	9.00	0.00	0.00	0.00	0.00	3,788.00
3	VD81131ACP000S -COVER INNER	87141090	Paid	483.90	1	9.00	9.00	0.00	0.00	0.00	0.00	571.00
4	VDACPCS6A0030AMGS - SET ILLUSTR BODY SIDE RH	87141090	Paid	2,413.56	1	9.00	9.00	0.00	0.00	0.00	0.00	2,848.00
<b>Parts Total</b>											0.00	<b>8,267.00</b>

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-V2 PLUS	998729	Paid	2,500.00	9.00	9.00	0.00	0.00	0.00	0.00	2,950.00	
<b>Jobs Total</b>											0.00	<b>2,950.00</b>

Parts Total	8,267.00
Labour Total	2,950.00
SGST (Parts) 9%	630.53
CGST (Parts) 9%	630.53
SGST (Labour) 9%	225.00
CGST (Labour) 9%	225.00
<b>Total</b>	<b>11,217.00</b>

Rupees in Words: Eleven Thousand Two Hundred Seventeen Only

Authorised Signatory

17011 - 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 LUCKNOW Jurisdiction Only

To / सेवा में,  
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 स्पोर्ट / फाइनल सर्वेयर नियुक्त करने की व्यवस्था करें :-

1	Name of the Insured & Mobile No./ बीमाधारक का नाम & मोबाइल नं.	Sapna 9935752185
2	Vehicle No. / वाहन संख्या	U.P 32 BK 1090
3	Policy No. / पालिसी संख्या	252400 / 31 / 2025 / 94191
4	Period of Insurance / बीमा अवधि	12/03/2025 To midnight 11/03/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	24/02/2026 11:PM
6	Place of Accident / दुर्घटना का स्थान	Lucknow
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Munna (DL No. U.P 502004002 9839985246 1877
8	Estimated Loss / अनुमानित हानि	11217 Rs
09.	Cause of Accident / दुर्घटना का कारण :	शुबह अफतार जाते समय गलत साइड वाहन मोड़ने पर गाड़ी ड्रिफ्ट कर सबे टकरा हो जाने के कारण काफी ज्यादा स्ट्रेच और वाइज्ड हो गई।
10	Spot Survey / स्पोर्ट सर्वे / स्पोर्ट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Mosoram Premia 708 1166066.

Date / दिनांक :  
हस्ताक्षर

सपना  
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 \_\_\_\_\_

Certificate/Policy No. 252400/31/202594101

Tel. No. \_\_\_\_\_

Period of Insurance 1 + 4 years  
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 : \_\_\_\_\_  
(b) Address for correspondence : Raheem Nagar J.I.M Road Lucknow  
(c) Telephone : \_\_\_\_\_

2. THE INSURED VEHICLE

Make & Year <u>2025</u>	Engine No. <u>EC001S6A05514</u> Chassis No.- <u>MBLCEW046S6A02570</u>	Registration No. <u>UP32QK1098</u>
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- (a) Was the vehicle in proper working condition?  
(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

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 : IVA  
(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 : \_\_\_\_\_

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Mynna  
(b) Age : 52  
(c) Address : \_\_\_\_\_  
(d) Is the Driver : \_\_\_\_\_  
1. Owner : \_\_\_\_\_  
2. paid driver? : \_\_\_\_\_  
3. Owner's relative or friend? : Relative  
(e) If paid driver, how long has he been in your employment : N/A  
(f) Was he under the influence of intoxication Liquor or drugs? : N/A  
(g) Driving Licence Number : UP5020040021877  
(h) Issuing Authority : \_\_\_\_\_  
(i) Date of Expiry : \_\_\_\_\_  
(j) Was the licence temporary/permanent : \_\_\_\_\_  
(k) Details of endorsement/suspension, if any : \_\_\_\_\_  
(l) Has he been involved in any accident before?: \_\_\_\_\_  
(m) Has he been charged by the policy? If so, Why?: \_\_\_\_\_

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

- (a) Date and Time : 24-2-26 11:30PM  
(b) Place : J.T.M Road  
(c) Speed of vehicle at the time of accident : 40 km  
(d) Give a short description of the accident : \_\_\_\_\_  
(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 : Right Side / Focum  
(b) Estimated cost of repairs : 112172  
(c) When and where can the damaged vehicle be inspected : \_\_\_\_\_

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 : N/A  
(e) Full details of property damaged : \_\_\_\_\_  
(f) Has notice of any claim been given to you? : \_\_\_\_\_

8. INJURY TO DRIVER/OCCUPANT

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

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? : N/A  
(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 9/3 / 20026.

Signature of the insured सुयना

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. U.P.326K 1098 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 ✓ 21/9-11 .....  
Occupation .....  
Address .....  
.....  
.....

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

भारत सरकार  
Government of India

सपना  
Sapna  
जन्म तिथि/DOB: 30/01/1989  
महिला/ FEMALE

Issue Date: 01/03/2016

2623 9698 2995  
VID : 9138 7501 0648 0538

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

पता:  
अधोगिनी: मुन्ना, रहीम नगर, डुदौली, सेमरा गौदी, छोटा  
खुदान के पास, सीतापुर रोड, लखनऊ, लखनऊ,  
उत्तर प्रदेश - 226021

Address:  
W/O: Munna, Raheem Nagar, Dudauli, Semra  
Gaudhi, Near Chota Khudan, Sitapur Road,  
Lucknow, Lucknow,  
Uttar Pradesh - 226021

Download Date: 31/03/2023

2623 9698 2995  
VID : 9138 7501 0648 0538

1947 | help@uidai.gov.in | www.uidai.gov.in

आयकर विभाग  
INCOME TAX DEPARTMENT

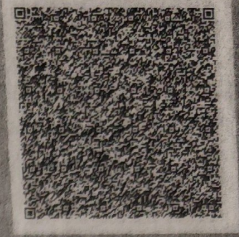


भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

ERLPS8370F



नाम / Name  
SAPNA

पिता का नाम / Father's Name  
KESHAV

जन्म की तारीख /  
Date of Birth  
30/01/1989

सपना  
हस्ताक्षर / Signature

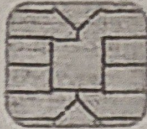
09042023



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



**UP50 20040021877**



Issue Date: 28-05-2024    Validity (NT): 27-05-2034    Validity (TR):



(06-07-2004)

Holder's Signature

Name: **MURINA**  
 Date of Birth: **01-01-1985**    Blood Group: **O+**    Organ Donor: **N**  
 Son/Daughter/Wife of: **RAMDHARI**  
 Address:  
**VILL- NURUDDINPUR PS- TAHBARPUR  
 NIZAMABAD, AZAMGARH 276206**

Date of First Issue

**DL No: UP50 20040021877**

UPDL000013487171



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	UP50	06-07-2004	MT			
	LAV	UP50	06-07-2004	MT			
	MVSD						

Form 7 Rule 16(2)

Emergency Contact Number

*[Signature]*  
 Licensing Authority  
 UP50 AZAMGARH



The Oriental Insurance Company Ltd.  
Policy Schedule

Sign: RAJIV KUMAR GUPTA  
Date: Wed, Mar 12, 2025 22:36:16 IST  
Reason: Signing Policy for CIRC

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 12-MAR-25
Policy No	252400/31/2025/94191	Proposal No. & Date R/252400/31/2025/97517030/1 & 12-MAR-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE) FROM 22:14 ON 12/03/2025 TO MIDNIGHT OF 11/03/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY) FROM 22:14 ON 12/03/2025 TO MIDNIGHT OF 11/03/2030
Insured Name	SAPNA (GSTIN: )	Compulsory PA FROM 22:14 ON 12/03/2025 TO MIDNIGHT OF 11/03/2026
Insured Address	C/O MUNNA, R/O RAHEEM NAGAR, DUDAULI, SEMRA GAUDHI, NEAR CHOTA KHUDAN, SITAPUR ROAD, LUCKNOW, RAHEEM NAGAR, DUDAULI, SEMRA GAUDHI, NEAR CHOTA KHUDAN, SITAPUR ROAD, LUCKNOW, LUCKNOW, NA, 0	Lead / Breakin No / Insured State UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO	Vehicle	109250
Model & Variant	VIDA V2 PLUS	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	109250
Engine - Chassis No	ECD001S6A05514 - MBLCEW046S6A02570	TMF CONTRACT NO	
Cubic Capacity	6	Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1	Geographical Area	
Type Of Body	SOLO	Type Of Fuel	BATTERY POWERED - ELECTRICAL
RTO Location			

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1831.03	Basic Third Party Liability	3273
Elec Accessories	0	Compulsory PA Cover Premium	360
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	166.03	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%)	0
Deductibles		PA Paid Driver, Conductor, Cleaner-GR36B3	3633
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	4072
Anti- Theft Device (IMT-10)	0	Total Premium (A+B)	732
AAI Membership (IMT-8)	0	GST	0
No Claim Bonus	0	SERVICE TAX	0.00
Discount for vehicle designed for handicapped	0	STAMPDUTY	0
SIP Discount	0	Swachh Bharat Cess@0.50%	0
Sub -Total Deductibles	0	Krishi Kalyan Cess@0.50%	0
Add-On Coverages		Gross Premium Paid	4804
NIL Depreciation	273		
Return to Invoice	0		
Key Replacement	0		
Consumables	273		
Sub Total Add-on Coverages	439		
Net own Damage Premium(A)			

Nominee Details :	Nominee Name	Age	1	Relation	
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name	Amount	4804
Financer Type	Financer Name	HERO FINCORP LTD.	Financer Branch	LUCKNOW	
POS Name	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](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 12-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 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 their 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 1500000  
**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	<p style="text-align: center;"><b>For and on behalf of</b> <b>The Oriental Insurance Company Limited</b></p> <p style="text-align: center;"><b>General Manager</b> <b>Authorized Signature</b></p>
	Approved On : 12-MAR-25	
	Place : MRT	
	Printed On : 12-MAR-25	

# GOVERNMENT OF UTTAR PRADESH

Transport Department TRANSPORT NAGAR RTO LUCKNOW (UP32)

FORM 23

## CERTIFICATE OF REGISTRATION

Registration No : UP32QK1098 Registration Date : 19-Mar-2025  
Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW  
Dealer's Name & Address : MOSARAM BUSINESS AND SERVICES PRIVATED LIMITED, 101,SITAPUR RD,MANDION  
POLICE STN, MOHIBULLAPUR,WARD FAIZULLAGANJ, , , 157-226021  
Owner Name : SAPNA Son/wife/daughter of : MUNNA  
Full Address: (Permanent) : RAHEEM NAGAR, DUDAULI, SEMRA GAUDHI, NEAR CHOTA KHUDAN, SITAPUR ROAD,  
LUCKNOW, UTTAR PRADESH-226021  
Full Address: (Temporary) : RAHEEM NAGAR, DUDAULI, SEMRA GAUDHI, NEAR CHOTA KHUDAN, SITAPUR ROAD,  
LUCKNOW-UTTAR PRADESH-226021  
Fitness UpTo : 18-Mar-2040 Owner Serial No : 1  
**Detailed Description**  
Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :  
Ownership : INDIVIDUAL Norms : Not Available  
Maker's Name : HERO MOTOCORP LTD Rear HSRP No : AA2119241231  
Front HSRP No : AA2118543619 Month/Year of Manuf. : 01/2025  
Type of Body : SOLO WITH PILLION Chassis No : MBLCEW046S6A02570  
No of Cylinders : 0 Fuel : PURE EV  
Engine No : ECD001S6A05514 Cubic Capacity : 0.00  
Horse Power(BHP) : 8.04 Wheel base : 1301  
Maker's Classification : VIDA V2 PLUS Standing Cap : 0  
Seating Cap(in all) : 2 Unladen Wt (kgs) : 124  
Sleepar Cap : 0 Laden/GV Wt (kgs) : 274  
Colour : SPORTS RED GLOSSY 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 HERO FINCORP LTD, PUNE, PUNE, , Mumbai, Maharashtra-411001 w.e.f. 12-Mar-2025.

Purchase dt : 12-Mar-2025 Sale Amt : 125000/-  
OTT Date : Amount/Rcpt No : /  
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
Date of Approval : 26-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 19-Mar-2025 to 18-Mar-2040

Date : 18-Apr-2025 15:11:11

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
पंजीयन अधिकारी  
Date : 18-Apr-2025

वाहन विभाग, ए.पी. लखनऊ

Q 2802962