



The Oriental Insurance Company Ltd.  
Policy Schedule

Report ID : PGIR6928

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	27-MAR-25
Policy No	252400/31/2025/97944	Proposal No. & Date	R/252400/31/2025/73766 & 27-MAR-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 15:07 ON 27/03/2025 TO MIDNIGHT OF 26/03/2026
Agent/Broker Name	ABHINAV BHATTI	Policy Period (LIABILITY)	FROM 15:07 ON 27/03/2025 TO MIDNIGHT OF 26/03/2030
Insured Name	NITESH KUMAR (GSTIN: 0)		Lead / Breakin No
Insured Address	C/O SRI MADAN LAL, R/O GRAM BELBUDHI SHANKARPUR, KHERI, PS- HAIDRABAD, LAKHIMPUR, KHERI, NA,		Insured State
INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP	Vehicle	77521
Model & Variant	HERO SPLENDOR PLUS XTECH E20	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	77521
Engine - Chassis No	HA11E7SHC13312 - MBLHAW215SHC08259	TMF CONTRACT NO	
Cubic Capacity	100	Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1	Geographical Area	INDIA
Type Of Body	SOLO	Type Of Fuel	PETROL
RTO Location			

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1299.25	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	1299.25	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)	4046
Anti- Theft Device (IMT-10)	0	Total Premium (A+B)	728
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	1104	Swachh Bharat Cess@0.50%	0
Sub-Total Deductibles	1104	Krishki Kalyan Cess@0.50%	4774
Add-On Coverages		Gross Premium Paid	
NIL Depreciation			
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	195	3. The Policy is subject to a compulsory Deductible of Rs 0 (IMT-22)	
Net own Damage Premium(A)		4. Voluntary excess Rs(0)	
		5. Subject to Endorsements IMT, 7, 10, 28,	

Nominee Details :	Nominee Name	Age	Relation	Amount
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name	4774
Financer Type	Financer Name	HDFC BANK LIMITED	Financer Branch	
POS Name	NA	POS ID	NA	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 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) 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 27-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

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 ten 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 :	6595258MD	For and on behalf of <b>The Oriental Insurance Company Limited</b>  General Manager Authorized Signature
	Approved On :	27-MAR-25	
	Place :	MKT	
	Printed On :	27-MAR-25	



# GOVERNMENT OF UTTAR PRADESH

Transport Department LAKHIMPUR KHERI

FORM 23

## CERTIFICATE OF REGISTRATION

Registration No : UP31CK9342 Registration Date : 28-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 : NITESH KUMAR Son/wife/daughter of : S/O SRI MADAN LAL  
 Full Address: (Permanent) : R/O GRAM BELBUDHI, SHANKARPUR KHERI, PS- HAIDRABAD, KHERI, UTTAR PRADESH-261501  
 Full Address: (Temporary) : R/O GRAM BELBUDHI, SHANKARPUR KHERI, PS- HAIDRABAD, KHERI-UTTAR PRADESH-261501

Fitness UpTo : 27-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 : AA2121967123 Rear HSRP No : AA1040090761  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 03/2025  
 No of Cylinders : 1 Chassis No : MBLHAW215SHC08259  
 Engine No : HA11E7SHC13312 Fuel : PETROL  
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20  
 Maker's Classification : SPLENDOR+ XTEC (DRS) Wheel base : 1235  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleeper Cap : 0 Unladen Wt (kgs) : 112  
 Colour : BLACK TORNADO 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)
a) Front:			
b) Rear:			
c) Other:			
d) Tandem:			

The motor vehicle above described is subject to Hypothecation in favour of HDFC BANK LIMITED, LAKHIMPUR, LAKHIMPUR, , Kheri, Uttar Pradesh-262701 w.e.f. 27-Mar-2025.

Purchase dt : 27-Mar-2025 Sale Amt : 81601/-  
 OTT Date : 27-Mar-2025 Amount/Rcpt No : 8161 / UF31D25030004493  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 02-Apr-2025

### Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 28-Mar-2025 to 27-Mar-2040

Date : 08-Apr-2025 17:09:08

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
 Date : 08-Apr 2025

Q

2464669

**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.

MOSARAM AUTO SALES

**ESTIMATE**

Estimate No. 10730-03-REST-0326-910  
 Customer Name ABHISHEK VISHVAKARMA  
 VIN MBLHAW479SHGB6812  
 Insurance Company  
 HMCGL Card No 1073025820001606  
 Part Details

Date 09-03-2026  
 Contact No. 9696524517  
 Model SPLENDOR +  
 Reg No. UP31CM8260  
 HMCGL Card Category Gold

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	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
2	51400KSTA11S -FORK ASSY R FR	87141090	Paid	1,991.53	1	9.00	9.00	0.00	0.00	0.00	0.00	2,350.00
3	51500KWHY01S -FORK ASSY L FRONT	87141090	Paid	1,538.98	1	9.00	9.00	0.00	0.00	0.00	0.00	1,816.00
4	3340AKCC710S -WINKER ASSY R FR(W/O BULB)	85122010	Paid	177.97	1	9.00	9.00	0.00	0.00	0.00	0.00	210.00
5	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
6	53200AAE200S -STEM COMP STRG	87141090	Paid	738.14	1	9.00	9.00	0.00	0.00	0.00	0.00	871.00
<b>Parts Total</b>											0.00	7,043.00

**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**

Parts Total	7,043.00
Labour Total	2,000.10
SGST (Parts) 9%	537.18
CGST (Parts) 9%	537.18
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
<b>Total</b>	<b>9,043.10</b>

Rupees in Words: Nine Thousand Fourty Three and paise Ten Only

Authorised Signatory

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  
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.	मितेश कुमार, 8470977292
2	Vehicle No. / वाहन संख्या	UP31CK9342.
3	Policy No. / पालिसी संख्या	252400/31/2025/97944.
4	Period of Insurance / बीमा अवधि	27/03/2025 से 26/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	04/03/2026 1:00PM.
6	Place of Accident / दुर्घटना का स्थान	वडागाँव तिराहे के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	मितेश कुमार, 8470977292 UP31 20240007267
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	वडागाँव तिराहे के पास सामने से बाईं ओर से मोटरसाइकिल से टक्कर हो गई जिससे मेरी गाड़ी दायी ओर गिरकर अतिमस्त 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, LRP ROAD LAKHIMPUR KHURD, 9151154036

Date / दिनांक : 06/03/2026  
हस्ताक्षर

मितेश कुमार  
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. 252400/31/2025/97944  
 Period of Insurance 27/03/2025 to 26/03/2026  
 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 : NITESH KUMAR  
 (b) Address for correspondence : R/D GIRAM BELBUDEI SHANKARPUR KHERI, PS-  
 (c) Telephone : 8470977292 HATDRABAD LAKHIMPUR-  
KHERI.

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>Q025</u>	Engine No. <u>HA11E7SHC13312</u> Chassis No. <u>MBLHAW215SHC08259</u>	Registration No. <u>UP31CK</u> <u>9342</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

NIA

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

NIA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : NIRESH KUMAR  
 (b) Age : 10/01/2002  
 (c) Address : R/O GIRAM - BELBUDHT, SHANKARPUR, LAKHIMPUR,  
KHERI, UP, 261501.  
 (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 : UP 31 20240007267  
 (h) Issuing Authority : 13/06/2024  
 (i) Date of Expiry : 09/07/2042  
 (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 : 04/03/2026 1:00PM.  
 (b) Place : बड़गाँव किराहे के पास  
 (c) Speed of vehicle at the time of accident : 30-40km/h.  
 (d) Give a short description of the accident : बड़गाँव किराहे के पास सामने से बॉर्डर से  
नियंत्रण खोने से टक्कर हो गई जिससे घेरी गाड़ी  
 (e) If any third party was responsible for this accident give the name and address : नहीं और गिरकर सातप्रस्त हो गयी

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND LEFT AND RIGHT  
 (b) Estimated cost of repairs : MOSARAM AUTO SALES, LRPRAD  
 (c) When and where can the damaged vehicle be inspected : LAKHIMPUR, KHERI 9154154036

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? : NIA  
(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? : NIA  
(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 06/03/2006

Signature of the insured निवेश कुमार

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. CP31CK 9342 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 नितीश कुमार .....  
Occupation .....  
Address .....

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



CERTIFICATE OF REGISTRATION

Registration No : UP31CK9342 Registration Date : 28-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 : NITESH KUMAR Son/wife/daughter of : S/O SRI MADAN LAL  
 Full Address: (Permanent) : R/O GRAM BELBUDHI, SHANKARPUR KHERI, PS- HAIDRABAD, KHERI, UTTAR PRADESH-261501  
 Full Address: (Temporary) : R/O GRAM BELBUDHI, SHANKARPUR KHERI, PS- HAIDRABAD, KHERI-UTTAR PRADESH-261501

Fitness UpTo : 27-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 Rear HSRP No : AA1040090761  
 Front HSRP No : AA2121967123 Month/Year of Manuf. : 03/2025  
 Type of Body : SOLO WITH PILLION Chassis No : MBLHAW215SHC08259  
 No of Cylinders : 1 Fuel : PETROL  
 Engine No : HA11E7SHC13312 Cubic Capacity : 97.20  
 Horse Power(BHP) : 7.91 Wheel base : 1235  
 Maker's Classification : SPLENDOR+ XTEC (DRS) Standing Cap : 0  
 Seating Cap(in all) : 2 Unladen Wt (kgs) : 112  
 Sleepar Cap : 0 Laden/GV Wt (kgs) : 242  
 Colour : BLACK TORNADO 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 HDFC BANK LIMITED, LAKHIMPUR, LAKHIMPUR, , Kheri, Uttar Pradesh-262701 w.e.f. 27-Mar-2025.

Purchase dt : 27-Mar-2025 Sale Amt : 81601/-  
 OTT Date : 27-Mar-2025 Amount/Rcpt No : 8161 / UP31D25030004493  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 02-Apr-2025

Other State/Transfer/Conversion/Reassign Details :  
 Previous Owner :  
 Old State :  
 Transfer Date :  
 Previous RegNo :  
 Entry Date :  
 Conversion Date :

This certificate is valid from 28-Mar-2025 to 27-Mar-2040

Signature of Registering Authority  
 Date: 08-Apr-2025

Date : 08-Apr-2025 17:09:08  
 Taxation Particulars / Advance Registration Mark Fee Details

2464669

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

**UP31 20240007267**

Issue Date: 13-06-2024    Validity (NT): 09-01-2042    Validity (TR)\*:



Holder's Signature

*[Signature]*

Date of First Issue: 13-06-2024

Name: **NITESH KUMAR**  
 Date of Birth: **10-01-2002**    Blood Group:    Organ Donor: **N**  
 Son/Daughter/Wife of: **MADAN LAL**  
 Address:  
**GRAM BELBUCHI SHANKARPUR SHANKARPUR  
 LAKHIMPUR KHERI UTTAR PRADESH 261501**

**DL No: UP31 20240007267**

JPDL 0000 138096



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*
Auto Rickshaw	ACRWS	UP31	13-06-2024	NT			
Light Motor Vehicle	LMV	UP31	13-06-2024	NT			
Motor Vehicle	MVSD						

Emergency Contact Number

*[Signature]*  
 Issuing Authority  
**UP31 LAKHIMPUR KHERI**

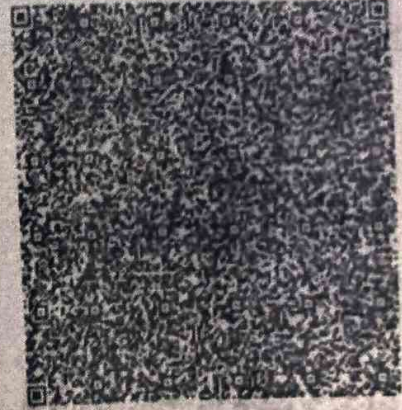


भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
आत्मज, मदन लाल, ग्राम बेलबूढी, शंकरपुर, खीरी,  
उत्तर प्रदेश - 261501

Address:  
S O. Madan Lal. gram belbudhi, Shankarpur,  
Kheri,  
Uttar Pradesh - 261501



9831 0509 0904

VID : 9109 2887 4564 9973



1947



help@uidai.gov.in



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भारत सरकार  
Government of India



Download Date: 16/08/2021



नितेश कुमार  
Nitesh Kumar  
जन्म तिथि/DOB: 10/01/2002  
पुरुष/ MALE

Issue Date: 11/08/2021

9831 0509 0904

VID : 9109 2887 4564 9973

मेरा आधार, मेरी पहचान

आयकर विभाग  
INCOME TAX DEPARTMENT

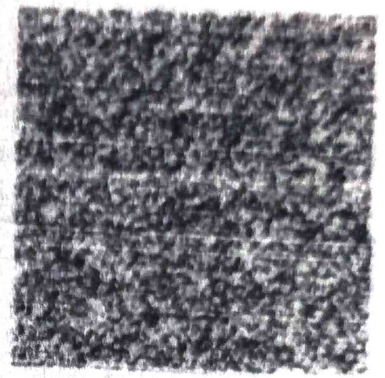


भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

KYXPK6783F



नाम / Name  
NITESH KUMAR

पिता का नाम / Father's Name  
MADAN LAL

22082021

जन्म की तारीख /  
Date of Birth  
10/01/2002

दिनांक / Date  
10/01/2021  
हस्ताक्षर / Signature