

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-0326-915	Date	10-03-2026
Customer Name	KANAKLATA SINGH	Contact No.	8810844683
VIN	MBLHAW145MGD23691	Model	HF DELUXE
Insurance Company		Reg No.	UP31BQ8636
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	61000AAHF00RS -FENDER FRONT NH-1	87141090	Paid	687.29	1	9.00	9.00	0.00	0.00	0.00	0.00	811.00
2	83400KSTH50ZDS -FR VISOR(CBR)	87141090	Paid	937.29	1	9.00	9.00	0.00	0.00	0.00	0.00	1,106.00
3	33400KST950S -WINKER ASSY.R FR(W/O BULB)	85122010	Paid	152.54	1	9.00	9.00	0.00	0.00	0.00	0.00	180.00
4	3310BAAH10099S -LIGHT ASSY. HEAD	85122010	Paid	444.92	1	9.00	9.00	0.00	0.00	0.00	0.00	525.00
5	88120AAH2000S -MIRROR ASSEMBLY LEFT BACK(GY-141M)	70091090	Paid	203.39	1	9.00	9.00	0.00	0.00	0.00	0.00	240.00
6	83600AAH100RS -L SIDE COVER(BLACK NH-1(TYPE-1))	87141090	Paid	452.54	1	9.00	9.00	0.00	0.00	0.00	0.00	534.00
7	K50506KCCA900LS -KIT STEP	87141090	Paid	190.68	1	9.00	9.00	0.00	0.00	0.00	0.00	225.00
8	77210AAH100RS -RIGHT REAR COWL (BLACK NH-1 (TYPE-1))	87141090	Paid	405.93	1	9.00	9.00	0.00	0.00	0.00	0.00	479.00
9	77220AAH100RS -LEFT REAR COWL (BLACK NH-1 (TYPE-1))	87141090	Paid	405.93	1	9.00	9.00	0.00	0.00	0.00	0.00	479.00
10	77230ACK000US -CENTER REAR COWL (BL-002M.)	87141090	Paid	109.32	1	9.00	9.00	0.00	0.00	0.00	0.00	129.00
Parts Total											0.00	4,708.00

Labour Details												
S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-HF DELUXE	998729	Paid	1,272.00	9.00	9.00	0.00	0.00	0.00	0.00	1,500.96	
Jobs Total											0.00	1,500.96

Parts Total	4,708.00
Labour Total	1,500.96
SGST (Parts) 9%	359.08
CGST (Parts) 9%	359.08
SGST (Labour) 9%	114.48
CGST (Labour) 9%	114.48
Total	6,208.96

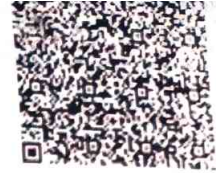
Rupees in Words: Six Thousand Two Hundred Eight and paise Ninety Six Only

Authorized 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

GOVERNMENT OF UTTAR PRADESH
 Transport Department Lakhimpur Kheri
 FORM 23
 CERTIFICATE OF REGISTRATION



Registration No : UP31BQ8636
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : MUSA RAM AUTO SALES, L R P ROAD, LAKHIMPUR KHERI, , , -
 Owner Name : KANAKLATA SINGH
 Full Address: (Permanent) : KESHWAPUR GURELA MAHNGU KHERA, KESHWAPUR GURELA MAHNGU KHERA, KHERI, KHERI, UTTAR PRADESH-262701
 Full Address: (Temporary) : KESHWAPUR GURELA MAHNGU KHERA, KESHWAPUR GURELA MAHNGU KHERA, KHERI, KHERI-UTTAR PRADESH-262701

Registration Date : 17-May-2021
 Purpose For Printing RC : NEW
 Son/wife/daughter of : SHIVDARSHAN SINGH
 Tax UpTo : One Time

Fitness UpTo : 16-May-2036
 Owner Serial No : 1
 Detailed Description :
 Class of Vehicle : M-CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2034904463
 Type of Body : SOLO WITH PILLION
 No of Cylinders : 1
 Engine No : HA11ESMGD06362
 Horse Power(BHP) : 7.91
 Maker's Classification : HF DELUXE (SELF-DRUM-CAWwheel base ST)
 Seating Cap(in all) : 2
 Sleepar Cap : 0
 Colour : Grey Black
 Other Criteria :
 Vehicle Purchase As : Fully Built

Link Vehicle No :
 Norms : BHARAT STAGE VI
 Rear HSRP No : AA1014116673
 Month/Year of Manuf. : 04/2021
 Chassis No : MBLHAW145MGD23691
 Fuel : PETROL
 Cubic Capacity : 97.20
 Standing Cap : 0
 Unladen Wt (kgs) : 112
 Laden/GV Wt (kgs) : 242
 AC Fitted : NO

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)
 By Manuf. : 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 : 06-May-2021
 OTT Date : 06-May-2021
 TaxUpTo : One Time
 Tax Exempted or Not : NOT EXEMPTED

Sale Amt : 60650/-
 Amount/Rcpt No : 6065 / UP31D21050000596
 Vehicle is Govt./ Pvt. : PRIVATE
 Date of Approval : 17-May-2021

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

This certificate is valid from 17-May-2021 to 16-May-2036 /

पंजीयन अधिकारी
 मोटर वाहन विभाग
 लखीमपुर खेरी
 Signature of Registering Authority
 Date : 24-Jun-2021

Date : 24-Jun-2021 10:39:34
 Taxation Particulars / Advance Registration Mark Fee Details

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2025/7001/O/46575/491807

Motorsathi Care Private Limited
 D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004) India
 Contact us at:
 Phone: +91 79410 50643
 Email: info@motorsathi.com
 Visit the help section of www.motorsathi.com

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
KANAKLATA SINGH	1975-01-01	9721612734	SHIVDARSHAN SINGH	Hero Motocorp	HF DELUXE	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
SELF E20	UP31BQ8636	HA11ESMGD06362	MBLHAW145MGD23691	2021-05-17	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
29000.00	NA	0.00	0.00	0.00	29000.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
	Solo			2	1573.63	
Address			City / District	Pin Code	State	
KESHWAPUR GURELA MAHNGU KHERA, KESHWAPUR GURELA MAHNGU KHERA, KHERI				262701	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
SHIVDARSHAN SINGH	Male	58 Years	HUSBAND	2025-11-05 14:28	Midnight of 2026-11-04	

Section A, VRC: 504.69 TCR: 410.64 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 915.33
 Section B, EC: 0.00 EC Service: 0.00 ECPD: 0.00 Sub Total: 0.00 TAC: 0.00 ENC: 0.00 EDC: 0.00 MCPD: 0.00 Total(B): 0.00 GST (CGST @9% + SGST @9%) (B): 0.00 Total with GST(B): 0.00
 Section C, MS Services(O): 374.58 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @9% + SGST @9%): 67.42 Total MS Services with GST(C): 442.00
 Section D, Drive Assure: 183.31 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 32.99 Total with GST(D): 216.30
 Total(Section A+B+C+D) Offered Price After Discount: 1574

Package Period Covered	2025-11-05 To 2026-11-04	2026-11-05 To 2027-11-04	2027-11-05 To 2028-11-04	2028-11-05 To 2029-11-04	2029-11-05 To 2030-11-04
ADV	29000	NIL	NIL	NIL	NIL
MS Services Period Covered (NODL)	1 Year	NIL	NIL	NIL	NIL

*THE VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2026-05-05 (DETAILS ARE AS PROVIDED BY THE CUSTOMER).

LIMITATIONS AS TO USE: This package covers use of the vehicle for any purpose other than: a) Hire or Reward b) Carriage of goods (other than samples or personal luggage) c) Organized Racing d) Pace Making e) Speed Testing f) Reliability Trials g) Any purpose in connection with Motor Trade.

DRIVER: Any person including covered individual: 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 Learners License, also drive the vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicle Rules, 1989.

LIMIT OF ACCOUNTABILITY: Limit of the amount of the Companys accountability in respect of any one request or series of requests arising out of one event: Up to Rs - 100000. Note: The amount mentioned is estimated breakup. Actual Costs and Terms & Conditions are in package document which can be downloaded only via authorized portal www.motorsathi.com or MotorSathi App.

DISCLAIMER: The package stands cancelled or void in the event of Cheque Dishonored. The company may cancel the package by sending 7 days' notice in case of fraud, misrepresentation, nondisclosure of material fact or non-co-operation of the coverage.

ANTI MONEY LAUNDERING CLAUSE: In the event of a request under the package exceeding Rs 1lakh or a request for refund of payment exceeding Rs 1 lakh, the accountability will comply with the provisions of AML package of the company. The AML package is available in all our operating offices as well as Company website.

TO REGISTER REQUEST PLEASE CONNECT WITH MOTORSAATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care / Toll Free Phone No: 7941050643 email id: info@motorsathi.com



IMPORTANT NOTICE: The coverage 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. All disputes arising out of or in connection with this agreement shall be subject to the jurisdiction of the courts at Meerut.



#: Received with Thanks Rs 1573.63 ON 2025-11-05 from Mr./Ms. KANAKLATA SINGH against the ARN No. INCP00491807
 The acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions*
 (Please turn overleaf for details) Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 18
 Customer Service Address: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India

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.	कमलता सिंह, 8810844683
2	Vehicle No. / वाहन संख्या	UP31 BQ 8636
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/491807
4	Period of Insurance / बीमा अवधि	05/11/2025 से 04/11/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	25/02/2026 03:00PM
6	Place of Accident / दुर्घटना का स्थान	अवध चौराहे के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	सत्यम सिंह, 8810844683 UP31 20240013909
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण : अवध चौराहे (लखनऊ) के पास सामने से आती से दायी ओर से टक्कर हो गई कि तभी अचानक पीछे से आ रहे मोटरसाइकिल से पीछे से टक्कर हो गई जिससे मेरी गाड़ी बायीं ओर गिरकर सातमस्त 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, IRRPOND LAKHIMPUR-KHERI, 9151154036

Date / दिनांक : 28/02/2026
हस्ताक्षर

कमलता सिंह
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. MS/2025/7001/0/46575/4918

Tel. No.

Period of Insurance 05/11/2025 से 04/01/2026 ⁰⁷

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 : KANAKLATA SINGH
 (b) Address for correspondence : KESHWAPUR GURELA MAHNGUKHERA, KHERI
 (c) Telephone : 8810844683

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2021</u>	Engine No. <u>HAJESMG D06362</u> Chassis No. <u>MBLHAW145MGD23691</u>	Registration No. <u>UP31BQ</u> <u>8636</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 : SATYAM SINGH
 (b) Age : 10/07/2000
 (c) Address : GIRAM-KESHAVPUR, GURELA PS-MAHANGUKHERA
 LAKHIMPUR-KHERI, UP, 262703.
 (d) Is the Driver
 1. Owner :
 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 : UP31 20240013909
 (h) Issuing Authority : 10/12/2024
 (i) Date of Expiry : 09/07/2040
 (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, 13:00 PM.
 (b) Place : अवध चौराहे के पास
 (c) Speed of vehicle at the time of accident : 5640 km/h.
 (d) Give a short description of the accident : अवध चौराहे के पास सामने से आते सेल्वी मोर से
 (e) If any third party was responsible for this accident give the name and address : चक्र हो जा कि तभी अचानक पीछे आ रहे मोटर साइकिल वाले
 ने पीछे से चक्र मार दी जिससे मेरी गाड़ी बायीं ओर गिरकार
 सावधान हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND RIGHT AND BACK AND LEFT
 (b) Estimated cost of repairs :
 (c) When and where can the damaged vehicle be inspected : MOSARAM AUTO SALES, LRP 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 : 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? : 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 28/02/ 2006

Signature of the insured

कनक लता सिंह

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. UP 31 BQ 8636 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/-



Signature: केशव लाल शर्मा
Occupation
Address

Witness
Name
Signature
Address

Bank Account Number
Name of the Bank

Transport Department Lakhimpur Kheri
FORM 23
CERTIFICATE OF REGISTRATION



Registration No : UP31BQ8636 Registration Date : 17-May-2021
 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, ...
 Owner Name : KANAKLATA SINGH Son/wife/daughter of : SHIVDARSHAN SINGH
 Full Address: (Permanent) : KESHWAPUR GURELA MAHNGU KHERA, KESHWAPUR GURELA MAHNGU KHERA,
 KHERI, KHERI, UTTAR PRADESH-262701
 Full Address: (Temporary) : KESHWAPUR GURELA MAHNGU KHERA, KESHWAPUR GURELA MAHNGU KHERA,
 KHERI, KHERI-UTTAR PRADESH-262701
 Fitness UpTo : 16-May-2036 Tax UpTo : One Time
 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 : AA2034904463 Rear HSRP No : AA1014116673
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 04/2021
 No of Cylinders : 1 Chassis No : MBLHAW145MGD23691
 Engine No : HA11ESMGD06362 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : HF DELUXE (SELF-DRUM-CAWwheel base : 1235
 ST)
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 112
 Colour : Grey Black 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 w.e.f. .

Purchase dt : 06-May-2021 Sale Amt : 60650/-
 OTT Date : 06-May-2021 Amount/Rcpt No : 6065 / UP31D21050000596
 TaxUpTo : One Time Vehicle is Govt./ Pvt. : PRIVATE
 Tax Exempted or Not : NOT EXEMPTED Date of Approval : 17-May-2021
 Other State/Transfer/Conversion Details :
 Previous Owner :
 Old State :
 Transfer Date :
 Previous RegNo :
 Entry Date :
 Conversion Date :
 This certificate is valid from 17-May-2021 to 16-May-2036

पंजीगन अधिकारी
 मोडल - २०११ एमएस
 चण्डीगढ़, हरियाणा
 Signature of Registering Authority
 Date : 24-Jun-2021

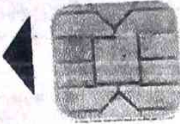
Date : 24-Jun-2021 10:39:34
 Taxation Particulars / Advance Registration Mark Fee Details

M 2777309



Issued by Uttar Pradesh

UP31 20240013909



Issue Date 10-12-2024 Validity (NT) 09-07-2040 Validity(TR)*



Holder's Signature

Date of First Issue 10-12-2024

Name: SATYAM SINGH
Date of Birth: 10-07-2000 Blood Group:
Son/Daughter/Wife of: SHIV DARSHAN SINGH
Address:
GRAM KESHAYPUR GURELA POST MAHANGUKHERA
MAHANGUK MAHANGU KHERA LAKHIMPUR KHERI
Uttar Pradesh 262721

Organ Donor: N

DL No: UP31 20240013909

UPDL000014767284



Invalid Carriage (Regn Numbers)*

Hazardous Validity* Hill Validity*

Table with 8 columns: Class of Vehicle, Code, Issued By, Date of Issue, Vehicle Category, Badge Number, Badge Issued Date, Badge Issued By. Rows include MCWG, LMV, and MVSD.

Form 7 Rule 16(2)

Emergency Contact Number

Pankaj Licensing Authority UP31 LAKHIMPUR KHERI



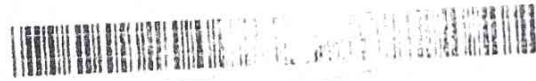
भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार
Unique Identification Authority of India
Government of India

नामांकन क्रम / Enrollment No. : 2017/98630/11104

18/01/2015

To
Kanaklata Singh
कनकलता सिंह
W/O: Shivdarshan Singh
keshavpur gurela
Mahngu Khera
Mahangukhera, Kheri
Uttar Pradesh - 262721



KH152748180FT
15274818



आपका आधार क्रमांक / Your Aadhaar No. :

7839 2017 1474

आधार - आम आदमी का अधिकार



भारत सरकार

Government of India



कनकलता सिंह
Kanaklata Singh

जन्म तिथि / DOB: 01/01/1975
महिला / Female

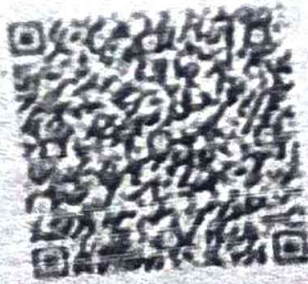
7839 2017 1474



आम आदमी का अधिकार

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA



नाम / Name

KANAKLATA SINGH

पिता का नाम / Father's Name
GANESH BUX SINGH

जन्म की तारीख / Date of Birth

01/01/1975

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

IJJPS5556K



17062017

नाम लता सिंह

हस्ताक्षर / Signature