

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-0326-919
 Customer Name SUSHEEL KUMAR MISHRA
 VIN MBLHAW233RHA93883
 Insurance Company
 HMCGL Card No

Date 10-03-2026
 Contact No. 9532068714
 Model SPLENDOR +
 Reg No. UP31CD5715
 HMCGL Card Category

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	83410AAE300RS -FR VISOR BLACK NH 1 TYPE 1	87141090	Paid	866.95	1	9.00	9.00	0.00	0.00	0.00	0.00	1,023.00
2	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
3	53178AAFH00S -LEVER COMP.L STRG.HNDL.	87141090	Paid	71.19	1	9.00	9.00	0.00	0.00	0.00	0.00	84.00
4	53200KCC690S -STEM COMP STRG	87141090	Paid	726.27	1	9.00	9.00	0.00	0.00	0.00	0.00	857.00
5	88120AAFH31ZAS - MIRROR ASSEMBLY LEFT BACK NH-1 TYPE-1)	70091090	Paid	190.68	1	9.00	9.00	0.00	0.00	0.00	0.00	225.00
6	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
7	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
8	3345AKCC710S -WINKER ASSY L FR(W/O BULB)	85122010	Paid	177.97	1	9.00	9.00	0.00	0.00	0.00	0.00	210.00
Parts Total											0.00	3,691.00

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											0.00	2,000.10

Parts Total	3,691.00
Labour Total	2,000.10
SGST (Parts) 9%	281.52
CGST (Parts) 9%	281.52
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
Total	5,691.10

Rupees in Words: Five Thousand Six Hundred Ninety One and paise Ten Only

Authorised Signatory

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

10730 - Main W/S

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.	सुरील कुमार मिश्रा, 8299317514
2	Vehicle No. / वाहन संख्या	UP31CD5715
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/417573
4	Period of Insurance / बीमा अवधि	18/03/2025 से 17/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	07/03/2026 1:20 PM
6	Place of Accident / दुर्घटना का स्थान	हरगाँव के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	अंकुश मिश्रा, 8299317514 UP31 20210002442
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	हरगाँव के पास एक बिसनेस जाया हेतु जा रहा था तभी अचानक हरगाँव के पास सामने बाईं ओर से मोटर साइकिल से टक्कर हो गई जिससे मेरी गाड़ी बाईं ओर गिरकर सात-प्रस्त हो गई
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	MOSKRAM AUTO SALES, LRPR ROAD LAKHIMPUR- KHERI, 9151154036.

Date / दिनांक 10/03/2026
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. M/2025/7001/01/465754175
73

Tel. No.

Period of Insurance 18/03/2025 से 17/03/2026.

Claim No. _____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
 Please answer All relevant questions fully

I. INSURED

- (a) Name : SHUSHEEL KUMAR MISHRA
- (b) Address for correspondence : R/O GRAM KHATUNA, SHANKARPUR, KHERI, PS-
- (c) Telephone : 9839810466 PHARDHAN, KHERI, UP, 262701

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>20.24</u>	Engine No. <u>HALLERHA7022</u> Chassis No. <u>MBLHAN233RHA93883</u>	Registration No. <u>UP31CD5715</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? NA
- (c) Was trailer attached? NA
- (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 : _____
- (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 : ANKUR MISHRA
 (b) Age : 20/07/2002
 (c) Address : R/O 1028, SATV COLONY PS-LAKHIMPUR
 PS-KOTWALI SADAR LAKHIMPUR, KHERI UP, 262701
 (d) Is the Driver
 1. Owner : No
 2. paid driver? : No
 3. Owner's relative or friend? : SON
 (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 : UP3120210002442
 (h) Issuing Authority : 29/07/2021
 (i) Date of Expiry : 29/07/2024
 (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 : 07/03/2026 1:20 PM
 (b) Place : हरावल के पास
 (c) Speed of vehicle at the time of accident : 30-40 km/h
 (d) Give a short description of the accident : हरावल के पास सामने बाईं ओर से मोटर साइकिल से
 (e) If any third party was responsible for this accident give the name and address : चक्कर हांगर जिससे भरी जाड़ी बायीं ओर गिरकर सातगुरुस्त हांगर

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND RIGHT AND LEFT
 (b) Estimated cost of repairs :
 (c) When and where can the damaged vehicle be inspected : MOSARRAM AUTO SALES, (RRROAD)
 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? :
 W/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? : _____
- (g) When? : N/A
- (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 10/03/ 2006

Signature of the insured [Signature]

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. CP31CD5715 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 Suresh
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

FORM 60

[See third provision to of Rule 114B]

Form of Declaration to be filled by a person who does not have either permanent account number of general index Register Number and who makes payment in respect of transaction specified in clauses (c) to (f) of rule 114B of the income Tax Act, 1962.

1. Full Name and Address of the declarant SUSHIL KUMAR MISHRA
S/O GANGA RAM MISHRA, HOUSE NO-1028, KANAL ROAD
ASHIV COLONY, LAKHIMPUR- KHERI, UP, 262701.

2. Particulars of transaction

Account Type Number

3. Amount of the transaction Rs.

4. Are you assessed to tax ? Yes / No

5. If yes,

i) Details of Ward / Circle / Range where the last return of income was filed.

ii) Reasons for not having permanent account number / General Index Register Number

6. Details of document being produced in support of address in column (1)

Verification

I, SUSHIL KUMAR MISHRA do hereby declare that what is stated above is true to the best of my knowledge and belief.

Date 10/03/2026

Place KHERI

Sushil
Signature of the declarant

Instructions: Documents which can be produced in support of the address are:

- (a) Ration Card
- (b) Passport
- (c) Driving License
- (d) Identity Card issued by any institution
- (e) Copy of Electricity bill or Telephone bill showing residential address.
- (f) Any document of communication issued by authority of Central Government or local bodies showing residential address.
- (g) Any other documentary evidence in support of his address given in the declaration.

Note: Amendment with effect from 1st November, 1998 as per Income Tax Act, 1962 Rule 114 B: para (c) A time deposit exceeding Rs. 50,000/- with a banking company : para (f) opening an account with a Banking Company.

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2025/7001/O/46575/417573

Motorsathi Care Private Limited
 B DASS Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) 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	
SUSHEEL KUMAR MISHRA	1974-07-05	8299317514	SRI GANGA RAM MISHRA	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
DRUM SELF E20	UP31CD5713	HA11E8RHA72022	MBLHAW233RHA93883	2024	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
57000.00	0.00	0.00	0.00	0.00	57000.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
	Solo	STATE BANK OF INDIA	---	2	1801.13	
Address			City / District	Pin Code	State	
R/O GRAM KHAJUHA SHANKARPUR, KHERI, PS- PHARDHAN, Kheri, Uttar Pradesh, 261501				261501	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
ANKUR MISHRA	Male	22 Years	SON	2025-03-18 12:24	Midnight of 2026-03-17	

Section A, VRC: 763.06 TCR: 269.04 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 **Total with GST(A)** 1032.10
 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: 277.14 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 **GST (CGST @9% + SGST @9%):** 49.89 **Total with GST(D):** 327.03
Total(Section A+B+C+D) Offered Price After Discount: 1801

Package Period Covered	2025-03-18 To 2026-03-17	2026-03-18 To 2027-03-17	2027-03-18 To 2028-03-17	2028-03-18 To 2029-03-17	2029-03-18 To 2030-03-17
ADV	57000	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 2029-02-21 (DETAILS ARE 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 may 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 MOTORSATHI 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 exclusive jurisdiction of the courts at Aligarh.

Received with Thanks Rs 1801.12 ON 2025-03-18 from Mr./Ms. SUSHEEL KUMAR MISHRA against the ARN No. INCP00417573
 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: IM1 - 22, 16, 18
 Customer Service Address: B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) India



GOVERNMENT OF UTTAR PRADESH

Transport Department LAKHIMPUR KHERI

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP31CD5715 Registration Date : 29-Feb-2024
 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 : SUSHEEL KUMAR MISHRA Son/wife/daughter of : SRI GANGA RAM MISHRA
 Full Address: (Permanent) : R/O GRAM KHAJUHA SHANKARPUR, KHERI, PS- PHARDHAN, KHERI, UTTAR PRADESH-261501
 Full Address: (Temporary) : R/O GRAM KHAJUHA SHANKARPUR, KHERI, PS- PHARDHAN, KHERI-UTTAR PRADESH-261501
 Fitness Up To : 27-Feb-2039 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 : AA1031519187 Rear HSRP No : AA2091319172
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 01/2024
 No of Cylinders : 1 Chassis No : MBLHAW233RHA93883
 Engine No : HA11E8RHA72022 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ (DRS) Wheel base : 1236
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 109
 Colour : SPORTS RED BLACK Laden/GV Wt (kgs) : 239
 Other Criteria :
 Vehicle Purchase As : Fully Built AC Fitted : NO

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 H.D.F.C. BANK LTD., LAKHIMPUR, LAKHIMPUR, , Kheri, Uttar Pradesh-262701 w.e.f. 22-Feb-2024.

Purchase dt : 22-Feb-2024 Sale Amt : 74991/-
 OTT Date : 22-Feb-2024 Amount/Rcpt No : 7500 / UP31D24020004271
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 21-Mar-2024

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

This certificate is valid from 29-Feb-2024 to 27-Feb-2039

Date 30-Mar-2024 10:46:12

Taxation Particulars./ Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 30-Mar-2024

P 7453563

Sushul

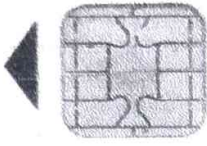
पञ्जीयन अधिकारी
 मोटर वाहन विभाग
 लखीमपुर खेरी



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



UP31 20210002442



Issue Date **29-01-2021** Validity (NT) **19-07-2042** Validity (TR)* _____



(29-01-2021)

Holder's Signature

Date of First Issue

Name: **ANKUR MISHRA**
 Date of Birth: **20-07-2002** Blood Group: _____ Organ Donor: **M**
 Son/Daughter/Wife of: **SUSHIL KUMAR MISHRA**
 Address:
**1028 SHIV COLONY POST LAKHIMPUR PS
 KOTWALI SADAR LAKHIMPUR (NPP)
 Lakhimpur, Lakhimpur Kheri, UP 262701**

DL No: **UP31 20210002442**

UPDL 000004897541



Invalid Carriage (Regn Numbers)*

Hazardous Validity* Hill Validity*

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Sadge Number	Sadge Issued Date*	Sadge Issued By*
Auto	ACWG	UP31	29-01-2021	NT			
Motor	LMV	UP31	29-01-2021	NT			
Tractor							
MVSD							

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority
UP31 LAKHIMPUR KHERI

Ankur
8299317514



भारतीय विशिष्ट पहचान प्राधिकरण
भारत सरकार
Unique Identification Authority of India
Government of India



E-Aadhaar Letter

नामांकन क्रमांक/Enrolment No.: 1425/12193/01506

Susheel Kumar Mishra (सुशील कुमार मिश्र)

S/O: Ganga Ram Mishra, House No.-1028, Kainal Road, Shiv Colony, Lakhimpur, Kheri, Uttar Pradesh - 262701

आपका आधार क्रमांक/Your Aadhaar No.:

8261 9372 5879



आधार आम आदमी का अधिकार



8261 9372 5879

help@uidai.gov.in

www.uidai.gov.in

- आधार देश भर में मान्य है।
- आधार के लिए आपको एक ही बार नामांकन दर्ज करवाने की आवश्यकता है।
- कृपया अपना नवीनतम मोबाइल नंबर तथा ई-मेल पता दर्ज करवाएं, इससे आपको विभिन्न सुविधाएं प्राप्त करने में सहायित होगी।

सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- पहचान का प्रमाण ऑनलाइन ऑथेंटिकेशन द्वारा प्राप्त करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

INFORMATION

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आधार-आम आदमी का अधिकार

Aadhaar-Aam Admi ka Adhikar