



THE UNION OF INDIA
MAHARASHTRA STATE MOTOR DRIVING LICENCE



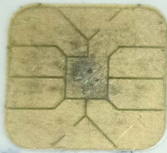
DL No : MH03 20100090971
Valid Till : 14-12-2031 (NT)

DOI : 16-03-2001

27-12-2021

FORM 7
RULE 16 (2)

AUTHORISATION TO DRIVE FOLLOWING CLASS
OF VEHICLES THROUGHOUT INDIA



COV DOI
LMV 01-10-2010
MCWG 16-03-2001



DOB : 20-03-1976 BG :

Name : RAJESH SHARMA
S/D/W of : DEEPNARAYAN SHARMA
Add : HANUMAN NAGAR, PRATAP NAGAR,
B YADAV CHL, R.NO-10, BHANDUP (W), MUMBAI.
GREATER MUMBAI, MUMBAI SUBURBAN
PIN : 400078



Signature & ID Of
Issuing Authority : MH03

राजेश
Signature/Thumb
Impression of Holder

YT10605095

Maharashtra Motor Vehicles Department

LEGEND FOR CLASS OF VEHICLES (COV)

S.No	COV	DESCRIPTION	S.No	COV	DESCRIPTION
1	MCWOG	M.C W/o Gear	13	MCWOGT	M.C W/o Gear TR
2	MCWG	M.C With Gear	14	MCWGT	M.C With Gear TR
3	LMV	LMV-NT-Car	15	LMVPVT	LMV-Private
4	3W-NT	LMV-3 WheelerNT	16	PSVBUS	TRV-PSV-Bus
5	TRCTOR	LMV-Tractor	17	PVTBUS	TRV-Private Bus
6	LMV-TR	LMV-Transport	18	LDRXCV	OTH-Loadr/xcvtr
7	3W-TR	LMV-3 WheelerTR	19	CRANE	OTH-Cranes
8	TRANS	Transport	20	FLIFT	OTH-Fork Lift
9	INVCRG	Inv Carriage	21	BRIGS	OTH-Boring Rigs
10	RDRLR	Road Roller	22	CNEQP	OTH-ConstEqmmt
11	LMV-TT	LMV-TractorTrl	23	INVCG2	INV-Carriage-2
12	OTHVEH	Others	24	INVCG3	INV-Carriage-3

LMV - LIGHT MOTOR VEHICLE

TRV - TRANSPORT VEHICLE

● DRIVE CAREFULLY - AVOID ACCIDENTS ●



JANTA MOTORS

DESHI DEORIA, ANAND NAGAR, ,DESHI DEORIA, DEORIA, 274206, UP, India

State Code: 9 Contact: 9918116698, , ,

GSTIN No: 09AQMPA0307L2ZY

Authorized Representative of Dealer: Hero MotoCorp Ltd.

ESTIMATE

Estimate No. 65166-03-REST-0426-1
 Customer Name MANSEDHU RAY
 VIN MBLHAW213RHM11075

Date 02-04-2026
 Contact No. 6390083832
 Model SPLENDOR+ XTEC
 Reg No. UP52CF0571
 HMCGL Card Category

Insurance Company

HMCGL Card No

Part Details

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	83410AAEB00SS -FRONT VISOR BLACK NH-1 (TYPE-1)	87141090	Paid	831.36	1	9.00	9.00	0.00	0.00	0.00	0.00	981.00
2	3310BAAEB0099S -LIGHT ASSY HEAD	85122010	Paid	478.81	1	9.00	9.00	0.00	0.00	0.00	0.00	565.00
3	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
4	61100KST940ZAS -FENDER COMPLETE.FRONT NH-1	87141090	Paid	671.19	1	9.00	9.00	0.00	0.00	0.00	0.00	792.00
5	88110AAEH31S -MIRROR ASSEMBLY RIGHT BACK	70091090	Paid	118.64	1	9.00	9.00	0.00	0.00	0.00	0.00	140.00
6	88120AAEH31S -MIRROR ASSEMBLY LEFT BACK	70091090	Paid	118.64	1	9.00	9.00	0.00	0.00	0.00	0.00	140.00
7	17520AAEB00SS -FUEL TANK BLACK NH-1 (TYPE-1)	87141090	Paid	4,687.29	1	9.00	9.00	0.00	0.00	0.00	0.00	5,531.00
8	3340BAAEB0099S -WINKER ASSY R FR	85122010	Paid	152.54	1	9.00	9.00	0.00	0.00	0.00	0.00	180.00
Parts Total											0.00	8,789.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	102032 - ACCIDENTAL LABOUR-SPLENDOR+ XTEC	998729	Paid	450.00	9.00	9.00	0.00	0.00	0.00	0.00	531.00
2	102046 - ADDITIONAL REPAIR CHARGES-SPLENDOR+ XTEC	998729	Paid	350.00	9.00	9.00	0.00	0.00	0.00	0.00	413.00

Jobs Total 0.00 944.00

Parts Total	8,789.00
Labour Total	944.00
SGST (Parts) 9%	670.35
CGST (Parts) 9%	670.35
SGST (Labour) 9%	72.00
CGST (Labour) 9%	72.00
Total	9,733.00

Rupees in Words: Nine Thousand Seven Hundred Thirty Three Only

Authorised Signatory

65166 - 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. vehicle may be inspected in Workshop premise or outside the premise
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 Deoria Jurisdiction Only





Stamp: 02/11/2025
Date: 02/11/2025 14:52:38
Name: Suresh Kumar

To / सेवा म
The Orient
दि और

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEEBUT, 0114063570 (GSTIN: 09AACT0637R4ZU)	
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))
Policy No	252400/31/2025/5958
Agent/Broker Code	BA0000155144
Agent/Broker Name	ABHINAV BHATI
Insured Name	MANSEDDHU RAY (GSTIN: 0)
Insured Address	C/O RAMDEW, BARWA MIR CHAPAR DESAHI BARWA DEORIA, DEORIA, NA,
Policy Issued On	22-APR-25
Proposal No. & Date	R/252400/31/2025/3774 & 22-APR-2025
Policy Period (OWN DAMAGE)	FROM 15:25 ON 22/04/2025 TO MIDNIGHT OF 21/04/2026
Policy Period (LIABILITY)	FROM 15:25 ON 22/04/2025 TO MIDNIGHT OF 21/04/2026
Lead/Breakin No	/
Insured State	UTTAR PRADESH

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	NFW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	77521
Engine -Chassis No	RA11E7RHM17429 - MBLJ1AW213RHM11075	IME 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
RTU Location			

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1299.25	Basic Third Party Liability	3851
Elec Accessories	0	Compulsory PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	1221.25	Legal Liability (WC) to driver (IMT-25)	0
Geographical Area Extn (IMT -1)	0	Legal Liability to Employees (IMT-29)	0
Delving 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-GR36R3	0
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	3851
Anti-Theft Device (IMT-40)	0	Total Premium (A+B)	4162
AAI Membership (IMT-4)	0	GST	750
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMPDUTY	0.00
SIP Discount	1104	Swachh Bharat Cess@0.50%	0
Sub-Total Deductibles	1104	Krishna Kalyan Cess@0.50%	0
Add-On Coverages		Gross Premium Paid	4912
NH Depreciation	194	Note:	
Returns to Invoice	0	1. Policy Issuance is the subject of the realization of cheque	
Key Replacement	0	2. Consolidated Stamp Duty paid via Clellian No	
Consumables	0	3. The Policy is subject to a compulsory Deductible of Rs 0(IMT-22)	
Sub Total Add-on Coverages	194	4. Voluntary excess Rs(0)	
Net own Damage Premium(A)	311	5. Subject to Endorsements IMT.7.10.28.	

Nominee Details :		Nominee Name		Age		Relation	
Payment Details :		Payment Method		Cheque No./Transaction No.		Bank Name	
Financer Type:		Financer Name		SHRIRAM FINANCE LTD.		Financer Branch	
POS Name		POS ID		NA		POS PAN NO/Aadhar No	
						4912	

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.

This insurance under the policy is subject to conditions, dates, warranties, exclusions, IMT's and OIC endorsements mentioned herein above which are available on company's website: www.orientalinsurance.org or on demand from the policy issuing office.

Warranted that in case of dishonour of premium cheques 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 false or is not valid whether or not in the Knowledge of the insured.

We hereby certify that the policy to which this 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.

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 MV 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 baggage) (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 license's license may also drive vehicle & that each a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989.

Limits of Liability Clause: Under section II-1 (b) of the policy - Death of or body injury Such amount is necessary to meet these requirement of the motor vehicle act 1988. Under Section II-1 (b) of the policy - Damage to third party property is Rs. 7.5 lakhs P.A. Cover under section III for owner-Driver is Rs 10 lakhs.

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/years 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.

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 : 6595210411

Approved On : 23-APR-25

Place : MBT

Printed On : 21-APR-25

For and on behalf of
The Oriental Insurance Company Limited
General Manager
Authorized Signature

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इन्शोरेंस कंपनी लिमिटेड

Sir / महोदय, Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

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.	Mansedhu Rai
2	Vehicle No. / वाहन संख्या	6890083872
3	Policy No. / पालिसी संख्या	4P52CF0571
4	Period of Insurance / बीमा अवधि	05/01/2021/2026/5958
5	Date of loss & Time / दुर्घटना का दिनांक & समय	22/04/2025 To 24/04/2026 01/04/2024 - 8-00.Pm.
6	Place of Accident / दुर्घटना का स्थान	Pandjehala Gorla
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Rajesh. Sharma - MH0320100090971
8	Estimated Loss / अनुमानित हानि	8000
09.	Cause of Accident / दुर्घटना का कारण : राजेश कुमार जो मरे मित्र भी मरी गाड़ी लेकर डेवरिया जा रहे थे तभी मोड़ पे अचानक जानवर (बिलगाय) आया और गाड़ी अनियंत्रित हो गई और भी गाड़ी से टकराया और गाड़ी जाकर पुलिसा से टकरा गई जिससे गाड़ी डैमेज हो गई.	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	WAH
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Janta mechanics Bishahi Bazar 7800807912 - 9918116698

02/04/2026
Date / दिनांक :
हस्ताक्षर

मनसेधु राय
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. 2521108/31/2026/5958

Tel. No.

Period of Insurance 22/04/2025 - To - 21/04/2026

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 : Manstedu Rai
 (b) Address for correspondence : _____
 (c) Telephone : Borua meer chapar Desahi Borua Doria

2. THE INSURED VEHICLE

Make & Year <u>2006/04/04</u>	Engine No. <u>H011 B7 RHM F7429</u> Chassis No. <u>MBLHAW/913 RHM11075</u>	Registration No. <u>UP52CF0571</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? personal
 (c) Was trailer attached? No
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached No
 2. Was a pillion rider carried No

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 : _____

MA



8. INJURY TO DRIVER/OCCUPANT

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

N/A

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 Police 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 09/04/2026 200

Signature of the insured

मनसधुराय

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Rajesh Sharma
- (b) Age : 50
- (c) Address : Manuman nagar post prager
- (d) Is the Driver :
 - 1. Owner : mauh -
 - 2. paid driver? : friend
 - 3. Owner's relative or friend? : friend
- (e) If paid driver, how long has he been in your employment : _____
- (f) Was he under the influence of intoxication Liquor or drugs? : _____
- (g) Driving Licence Number : MH03-20100090971
- (h) Issuing Authority : _____
- (i) Date of Expiry : 16/03/2001
- (j) Was the licence temporary/permanent : 14/12/2021
- (k) Details of endorsement/suspension, if any : perunt
- (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 : 01/04/2021 - 8:00 PM
- (b) Place : Pandhary Bazar
- (c) Speed of vehicle at the time of accident : 40
- (d) Give a short description of the accident : उत्तम/दयालु ने सतल के गलत हुड्डोनी से (दि)
- (e) If any third party was responsible for this accident give the name and address : उत्तम/दयालु ने सतल के गलत हुड्डोनी से (दि)

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : front - Risk
- (b) Estimated cost of repairs : 8000
- (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 : _____
- (e) Full details of property damaged : _____
- (f) Has notice of any claim been given to you? : N/A

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. _____ 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 ✓ मन्मथ शर्मा
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

भारत सरकार
Government of India

आधार

आधार नं. 2514 9394 5224



मनसेधु राय
Mansedhu Ray
जन्म तिथि / DOB : 23/10/1976
पुरुष / Male

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

2514 9394 5224

मेरा आधार मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता: आत्मज: रामदेव, बरवा मीर छापरा, देशी
देवरिया, देवरिया, उत्तर प्रदेश, 274206
Address: S/O: Ramdew, barwa mir chapar,
Deshi Deoria, PO:Desahi Barwa,
DIST.Deoria, Uttar Pradesh, 274206



2514 9394 5224

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

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP52CF0571 Registration Date : 24-Apr-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA, , , 190-274001
 Owner Name : MANSEDHU RAY Son/wife/daughter of : RAMDEW
 Full Address: (Permanent) : VILL- BARWA MIR CHAPAR DESAHI, DEORIA, , DEORIA, UTTAR PRADESH-274206
 Full Address: (Temporary) : VILL- BARWA MIR CHAPAR DESAHI, DEORIA, , DEORIA-UTTAR PRADESH-274206
 Fitness UpTo : 23-Apr-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 : AA2124455034 Rear HSRP No : AA2124882668
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 12/2024
 No of Cylinders : 1 Chassis No : MBLHAW213RHM11075
 Engine No : HA11E7RHM17429 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)
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- a) Front:
- b) Rear:
- c) Other:
- d) Tandem:

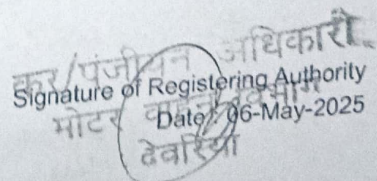
The motor vehicle above described is subject to Hypothecation in favour of SHRIRAM FINANCE LTD, DEORIA, , , Deoria, Uttar Pradesh-274001 w.e.f. 24-Apr-2025.

Purchase dt	: 22-Apr-2025	Sale Amt	: 81601/-
OTT Date	: 22-Apr-2025	Amount/Rcpt No	: 8161 / UP52D25040003515
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED

Date of Approval	: 26-Apr-2025	Previous RegNo	:
Other State/Transfer/Conversion/Reassign Details	:	Entry Date	:
Previous Owner	:	Conversion Date	:
Old State	:		
Transfer Date	:		

This certificate is valid from 24-Apr-2025 to 23-Apr-2040

Date : 06-May-2025 16:49:44
 Taxation Particulars / Advance Registration Mark Fee Details


 Signature of Registering Authority
 Date: 06-May-2025
 देवसिया