

**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.

**ESTIMATE**

Estimate No. 10730-03-REST-0426-22  
 Customer Name NAINSI BAJPATEE  
 VIN MBLCEW043S6E06782  
 Insurance Company  
 HMCGL Card No  
 Part Details

Date 03-04-2026  
 Contact No. 9519123106  
 Model V2 PLUS  
 Reg No. UP34CC7001  
 HMCGL Card Category

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	% Discount	Discount	Net Amount
1	VDACPCS6A0040ANGS - SET ILLUSTR BODY SIDE LH	87141090	Paid	2,139.83	1	9.00	9.00	0.00	0.00	0.00	0.00	2,525.00
2	VD33100ACP001S -LIGHT ASSEMBLY HEAD	85122010	Paid	3,563.56	1	9.00	9.00	0.00	0.00	0.00	0.00	4,205.00
3	VD53204ACP000S -WIND SCREEN	87141090	Paid	491.53	1	9.00	9.00	0.00	0.00	0.00	0.00	580.00
4	VD53205ACP220YS - COVER HANDLE FRONT A	87141090	Paid	491.53	1	9.00	9.00	0.00	0.00	0.00	0.00	580.00
5	VD53236ACP220S -COVER HANDLE FRONT B	87141090	Paid	339.83	1	9.00	9.00	0.00	0.00	0.00	0.00	401.00
6	VD64300ACP000US - COVER FRONT R	87141090	Paid	702.54	1	9.00	9.00	0.00	0.00	0.00	0.00	829.00
7	VD64301ACP000US - COVER FRONT L	87141090	Paid	706.78	1	9.00	9.00	0.00	0.00	0.00	0.00	834.00
8	VD64303ACP000S -LID COVER FRONT LEFT	87141090	Paid	362.71	1	9.00	9.00	0.00	0.00	0.00	0.00	428.00
9	VD64353ACP000S -LID COVER FRONT RIGHT	87141090	Paid	229.66	1	9.00	9.00	0.00	0.00	0.00	0.00	271.00
10	VD64320ACP000YS - COVER FRONT UPPER (S(D)-015M(F))	87141090	Paid	699.15	1	9.00	9.00	0.00	0.00	0.00	0.00	825.00
11	VD64304ACP000YS - COVER FRONT LOWER RIGHT (S(D)-015M(F))	87141090	Paid	1,452.54	1	9.00	9.00	0.00	0.00	0.00	0.00	1,714.00
12	VD64305ACP000YS - COVER FRONT LOWER LEFT (S(D)-015M(F))	87141090	Paid	1,449.15	1	9.00	9.00	0.00	0.00	0.00	0.00	1,710.00
13	VD81131ACP000S -COVER INNER	87141090	Paid	483.90	1	9.00	9.00	0.00	0.00	0.00	0.00	571.00
14	VD64309ACP000S -FRONT COVER LOWER	87141090	Paid	335.59	1	9.00	9.00	0.00	0.00	0.00	0.00	396.00
15	VD83530ACP000S -PLATE BODY SIDE RIGHT	87141090	Paid	100.85	1	9.00	9.00	0.00	0.00	0.00	0.00	119.00
16	VD83630ACP000S -PLATE BODY SIDE LEFT	87141090	Paid	66.10	1	9.00	9.00	0.00	0.00	0.00	0.00	78.00
17	VD88110ACP200S - MIRROR ASSY R BACK	70091090	Paid	207.63	1	9.00	9.00	0.00	0.00	0.00	0.00	245.00
18	VD53178ACP000S -LEVER L HANDLE	87141090	Paid	93.22	1	9.00	9.00	0.00	0.00	0.00	0.00	110.00
19	VD33400ACP201S - WINKER ASSY R FR	85122010	Paid	271.19	1	9.00	9.00	0.00	0.00	0.00	0.00	320.00
20	VD33450ACP201S - WINKER ASSY L FR	85122010	Paid	271.19	1	9.00	9.00	0.00	0.00	0.00	0.00	320.00
21	VD50710ACP000S -PILLION R STEP	87141090	Paid	124.58	1	9.00	9.00	0.00	0.00	0.00	0.00	147.00
22	VD50715ACP000S -PILLION L STEP	87141090	Paid	124.58	1	9.00	9.00	0.00	0.00	0.00	0.00	147.00



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.	NAINSI BAGPA YEE: 8052002240
2	Vehicle No. / वाहन संख्या	UP34 CC 7001
3	Policy No. / पालिसी संख्या	25240031/2026/22577
4	Period of Insurance / बीमा अवधि	13/06/2025 / 12/06/2026 तक
5	Date of loss & Time / दुर्घटना का दिनांक & समय	30/03/2026 5:00 PM
6	Place of Accident / दुर्घटना का स्थान	नैपालापुर चौराहे के पास
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Harshit Dixit / UP3420190016551 mob. 9819123106
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	नैपालापुर से हरगाँव आ रहे थे तभी अचानक नैपालापुर चौराहे के पास सामने से बूक से टक्कर हो गई जिससे घंटी गायी बारी और गिरकट क्षतिग्रस्त हो गई /
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	No
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	No
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	MASARPM AUTOSALES ERP Road. Near Lakhimpur khori. 9819154036.

Date / दिनांक : 01/04/2026  
हस्ताक्षर

Nainal  
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 MEE RUT

Certificate/Policy No. 252400/31/2026/22577

Tel. No.

Period of Insurance 13/06/2025 to 12/06/2026  
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 : NPINST BAPAYEE
- (b) Address for correspondence : Vill. & Post - Koraiyya UDNA PUR Dist - Sitapur
- (c) Telephone : 8052002240 Pincode - 261121

2. THE INSURED VEHICLE

Make & Year <u>Hero/2025</u>	Engine No. <u>ECD001S6E06925</u> Chassis No. <u>MBLCEW04356E067B2</u>	Registration No. <u>UP-34 CC</u> <u>7001</u>
---------------------------------	--	--

- (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? \_\_\_\_\_

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 : Harshit Dixit
- (b) Age : 01-07-1998
- (c) Address : Mudnagan, Laharpur, Sitapur, UP, 261035
- (d) Is the Driver
1. Owner : No
  2. paid driver? : No
  3. Owner's relative or friend? : Husband
- (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 34 20190016SS1
- (h) Issuing Authority : 05-11-2019
- (i) Date of Expiry : 30-06-2038
- (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 or other insurance policies indemnifying you in this

5. DETAILS OF ACCIDENT

- (a) Date and Time : 30/03/2026 5:00 PM
- (b) Place : नापालाउर के पास
- (c) Speed of vehicle at the time of accident : 30-40 km/h
- (d) Give a short description of the accident : नापालाउर की ओर के गाड़ी साइनेस से टक्कर
- (e) If any third party was responsible for this accident give the name and address : एन एस 101/11 जे एन एन रोड अट 101/11

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front and Left Side
- (b) Estimated cost of repairs : \_\_\_\_\_
- (c) When and where can the damaged vehicle be inspected : MOSA RAM - AUTO SALES CRP Road - LIMP.

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? : N/A
- (c) Was accident reported to Police? If not, Why? : \_\_\_\_\_
- (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? : \_\_\_\_\_
- (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 01/09/2026 2026

Signature of the insured Nainaj

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 32CC 7001 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 Naini .....  
Occupation .....  
Address .....

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



The Oriental Insurance Company Ltd.  
Policy Schedule

Page No. 1

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

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

Policy Type	DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, (GSTIN: 09AAACT0627R4ZU)	Policy Issued On	13-JUN-25
Policy No	252400.31.7076.22577	Proposal No. & Date	R-252400.31.7076.100814413.9& 13-JUN-2025
Agent/Broker Code	RA0609155144	Policy Period (OWN DAMAGE)	FROM 13.06.2025 ON 13.06.2024 TO MIDNIGHT OF 12.06.2025
Agent/Broker Name	MBL SV BHVATI	Policy Period (LIABILITY)	FROM 13.06.2025 ON 13.06.2024 TO MIDNIGHT OF 12.06.2025
Insured Name	NAJESH BAJPAYEE (GSTIN: )	Compulsory PA	FROM 13.06.2025 ON 13.06.2024 TO MIDNIGHT OF 12.06.2025
Insured Address	C/O D/O SRI OM PRAKASH BAJPAYEE, R.O.O, VILLAGE AND POST- KORRAIYYA UDNAPUR HARGAON, SITAPUR, P.O. S.MILLS SITAPUR, PS- HARGAON, SITAPUR, N.A.O	Lead/Breaker No	
		Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS				INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HEAVY	Vehicle		109250	
Model & Variant	VIDA V PLUS	Electrical Accessories	0		
Registration No	NEW	Non Electrical Accessories	0		
Year Of Manufacture	2025	Total IDV		109250	
Engine - Chassis No	EC006156E06925 - MBLCEW04356E06782	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	1531.03	Basic Third Party Liability	1275
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-13)	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
		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	STAMP DUTY	0
Nil Discount	0	Swachh Bharat Cess @ 0.50%	0
Sub-Total Deductibles	0	Krishat Kalyan Cess @ 0.50%	4504
Add-On Coverages	273	Gross Premium Paid	
Nil Depreciation	0		
Return to Invoice	0		
Key Replacement	0		
Insurable	273		
Sub-Total Add-on Coverages	439		
Net own Damage Premium (A)			

Nominee Details		Payment Details		Financier Type	
Nominee Name	Age	Relation	Amount	Financier Name	Cash
			4804	POS ID	NA
Payment Method	Cheque No./Transaction No.	Bank Name	Financier Branch	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 assured will comply with the provisions of the AML policy of the Company. The AML policy is available to all our Operating Offices as well as company's website.

The assured under the policy is subject to conditions, clauses, warranties, exclusions, IMTs, and OIC endorsements mentioned herein above which are available on company's website.

It is noted that in case of discontinuation of premium (instalments) the Company shall not be liable under the policy and the policy shall be void ab initio (from inception).

It is not admissible if driving license is found fake or is not valid whether or not in the Knowledge of the insured.

We hereby certify that the policy is issued in accordance with the provision of Chapter X and Chapter XI of Motor Vehicles Act, 1988.

IMPORTANT NOTICE

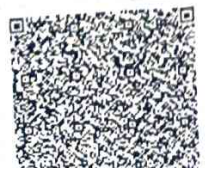
This policy is not intended to be used for any other purpose than in accordance with this schedule. Any payment made by the company by reason of under-claim appearing in the certificate in order to comply with the provisions of the Motor Vehicle Act, 1988 is recoverable from the assured. See the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".

Limitations: as to use it only for social domestic and pleasure purposes and the insured's business. The Policy does not cover the use for (1) Hire & reward (2) Carriage of goods (other than samples or personal baggage) (3) Organized racing (4) Pace Making (5) speed testing (6) liability trials.

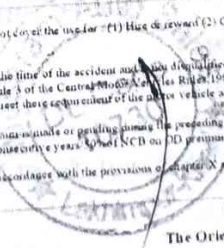
Driver's Clause: Any person including the named driver who drives a motor vehicle under the policy shall be deemed to be a driver of the motor vehicle at the time of the accident and shall be disqualified from holding or obtaining such a license. Provided also that the driver of the motor vehicle at the time of the accident shall be deemed to be a driver of the motor vehicle at the time of the accident.

Limit of Liability Clause: Under section II-1 of the policy, the limit of liability shall be Rs. 1,00,00,000.

No-claim bonus: Not more than 25% preceding three consecutive years, 30% preceding four consecutive years, 40% preceding five consecutive years, 45% preceding six consecutive years, 50% preceding seven consecutive years, 55% preceding eight consecutive years, 60% preceding nine consecutive years, 65% preceding ten consecutive years.

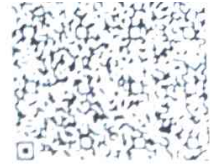


Approved By: UNV@232400  
Approved On: 13 JUN 25  
Place: MRT  
Printed On: 13 JUN 25



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

GOVERNMENT OF UTTAR PRADESH  
 Transport Department Sitapur  
 FORM 23  
 CERTIFICATE OF REGISTRATION



Registration No : UP34CC7001      Registration Date : 14-Jun-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 : NAINSI BAJPAYEE      Son/wife/daughter of : OM PRAKAS BAJPAYEE  
 Full Address: (Permanent) : 0 VILLAGE AND POST KORAIYYA, UDNAPUR SITAPUR HARGAON KORAIYYA  
 UDNAPUR, SITAPUR, UTTAR PRADESH-261121  
 Full Address: (Temporary) : 0 VILLAGE AND POST KORAIYYA, UDNAPUR SITAPUR HARGAON KORAIYYA,  
 UDNAPUR, SITAPUR-UTTAR PRADESH-261121

Fitness UpTo : 13-Jun-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		
Front HSRP No	: AA2120464777	Rear HSRP No	: AA2123349901
Type of Body	: SOLO WITH PILLION	Month/Year of Manuf.	: 05/2025
No of Cylinders	: 0	Chassis No	: MBLCEW043S6E06782
Engine No	: ECD001S6E06925	Fuel	: PURE EV
Horse Power(BHP)	: 8.04	Cubic Capacity	: 0.00
Maker's Classification	: VIDA V2 PLUS	Wheel base	: 1301
Seating Cap(in all)	: 2	Standing Cap	: 0
Sleeper Cap	: 0	Unladen Wt (kgs)	: 124
Colour	: BLACK	Laden/GV Wt (kgs)	: 274
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.	:	As Regd.	:
		Description	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	: 13-Jun-2025	Sale Amt	: 125000/-
OTT Date	:	Amount/Rcpt No	: /
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 28-Jul-2025		

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 14-Jun-2025 to 13-Jun-2040

Date : 04-Aug-2025 15:05:30

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
 Date : 04-Aug-2025

Q 4807412

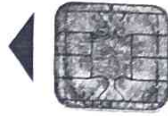
Government of Uttar Pradesh Government of Uttar Pradesh  
 Government of Uttar Pradesh Government of Uttar Pradesh



Indian Union Driving Licence  
Issued by Uttar Pradesh



UP34 20190016551



Issue Date 05-11-2019 Validity (NT) 30-06-2038 Validity (TR)\*



Holder's Signature

Date of First Issue (05-11-2019)

Name: HARSHIT DIXIT  
Date of Birth: 01-07-1998 Blood Group:  
Son/Daughter/Wife of: MUNESH KUMAR DIXIT  
Address:  
Mudndrasan  
Laharpur, Sitapur, UP 261135

Organ Donor: N

DL No: UP34 20190016551

UPDL000001585937



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	UP34	05-11-2019	NT			
	LMV	UP34	05-11-2019	NT			
	MVSD						

Emergency Contact Number  
8127802352

Licensing Authority  
UP34 SITAPUR



भारत सरकार  
Government of India



Aadhaar no. issued: 06/08/2015



नेन्सी बाजपेई  
Nainsi Bajpayee  
जन्म तिथि/DOB: 06/09/2002  
महिला/ FEMALE

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

2299 6227 8547

मेरा आधार, मेरी पहचान

*Nai*



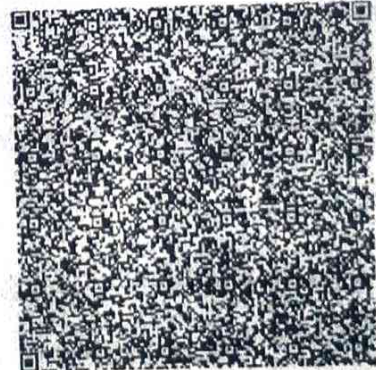
भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
ओम प्रकाश बाजपेई, 0, ग्राम व पोस्ट कोरैया उदनापुर, कोरैया  
उदनापुर, हरगांव, सीतापुर, एच एस। मिल्स, सीतापुर,  
उत्तर प्रदेश - 261121

Address:  
OM PRAKAS BAJPAYEE, 0, VILLAGE AND POST  
KORAIYA UDNPUR, KORAIYA UDNPUR,  
HARGAON, Sitapur, P.O. H.S. Mills, DIST: Sitapur,  
Uttar Pradesh - 261121

Details as on: 29/12/2023



2299 6227 8547

VID : 9156 3464 7517 6564



1947



help@uidai.gov.in



www.uidai.gov.in

Mossam Auto  
DL Code  
1073

आयकर विभाग  
INCOME TAX DEPARTMENT

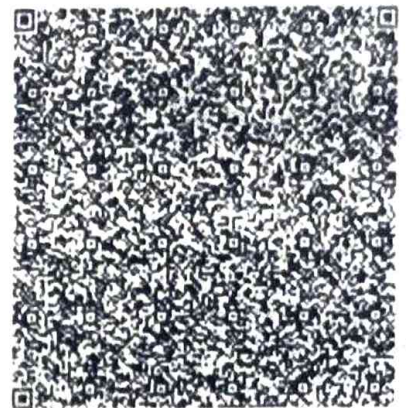


भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

**IIUPB5614R**



नाम / Name  
NAINSI BAJPAYEE

पिता का नाम / Father's Name  
OM PRAKAS BAJPAYEE

जन्म की तारीख /  
Date of Birth  
06/09/2002

02012025

PAN Application Digitally Signed, Card Not  
Valid unless Physically Signed