

M.B.MOTORS

KHARAIYA POKHRA, MEDICAL COLLEGE ROAD, P.O- BASHARATPUR, GORAKHPUR, GORAKHPUR, 273004, UP, INDIA

State Code: 9 Contact: 0551-2503403, , 5512500160 ,

GSTIN No: 09AAKFM8861B1Z1

Authorized Dealer: Hero MotoCorp Ltd.

ESTIMATE

Estimate No. 10515-03-REST-0426-1
 Customer Name AMIT SINGH
 VIN MBLJAU054SGH11282
 Insurance Company
 HMCGL Card No
 Part Details

Date 06-04-2026
 Contact No. 8423114649
 Model XTREME 125R
 Reg No. UP53FM2711
 HMCGL Card Category

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	61328ACL000AS -FRONT COWL LOWER RIGHT NH-1	87141090	Paid	116.95	1	9.00	9.00	0.00	0.00	0.00	0.00	138.00
2	61329ACL000AS -FRONT COWL LOWER LEFT NH-1	87141090	Paid	116.95	1	9.00	9.00	0.00	0.00	0.00	0.00	138.00
3	61322ACL000AS -FRONT COWL RIGHT NH-1	87141090	Paid	311.86	1	9.00	9.00	0.00	0.00	0.00	0.00	368.00
4	61323ACL000AS -FRONT COWL LEFT NH-1	87141090	Paid	272.88	1	9.00	9.00	0.00	0.00	0.00	0.00	322.00
5	83402ACL000S -PANEL INNER	87141090	Paid	100.85	1	9.00	9.00	0.00	0.00	0.00	0.00	119.00
6	64302ACL000S -FRONT COWL UPPER	87141090	Paid	73.73	1	9.00	9.00	0.00	0.00	0.00	0.00	87.00
7	61301ACL000S -COWL FRONT	87141090	Paid	218.64	1	9.00	9.00	0.00	0.00	0.00	0.00	258.00
8	6131AACL000S -STAY METER SUB ASSEMBLY	87141090	Paid	128.81	1	9.00	9.00	0.00	0.00	0.00	0.00	152.00
9	37100ACL01099S -METER ASSEMBLY COMBINATION	87141090	Paid	3,710.17	1	9.00	9.00	0.00	0.00	0.00	0.00	4,378.00
10	83546ACL000DS -TANK COVER RIGHT SIDE NH-194M-U	87141090	Paid	269.49	1	9.00	9.00	0.00	0.00	0.00	0.00	318.00
11	17555ACL000AS -TANK COVER FRONT RIGHT BLACK NH1	87141090	Paid	648.31	1	9.00	9.00	0.00	0.00	0.00	0.00	765.00
12	1831AACL000S -COVER MUFFLER SUB ASSEMBLY	87141090	Paid	292.37	1	9.00	9.00	0.00	0.00	0.00	0.00	345.00
13	88110AABA000S -MIRROR ASSEMBLY RIGHT BACK	70091090	Paid	206.78	1	9.00	9.00	0.00	0.00	0.00	0.00	244.00
14	53175KSP900S -LEVER R STRG.HNDL.	87141090	Paid	97.46	1	9.00	9.00	0.00	0.00	0.00	0.00	115.00
Parts Total											0.00	7,747.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-XTREME 125R	998729	Paid	1,000.00	9.00	9.00	0.00	0.00	0.00	0.00	1,180.00	
Jobs Total											0.00	1,180.00

Parts Total	0.00	1,180.00
Labour Total		7,747.00
SGST (Parts) 9%		1,180.00
CGST (Parts) 9%		590.87
SGST (Labour) 9%		590.87
CGST (Labour) 9%		90.00
		90.00

Total

8,927.00

Amount in Words: Eight Thousand Nine Hundred Twenty Seven Only

Authorised Signatory

in Cash

Service & statutory levies prevailing at the time of delivery shall be charged

vehicles in this workshop are handled/driven and kept at owner's risk.

Customers are requested to satisfy themselves with the quality of work done before taking the

vehicle

Supplementary estimate will be submitted if further damages/parts are required after

remounting the vehicle.

Actual amount may vary from estimate

Garage charges are Rs 50/- per day if vehicle not taken by the customer on delivery date

All disputes subject to jurisdiction of GORAKHPUR Jurisdiction Only

HeroMotocorp can further contact you via Call, SMS or email for feedback or to give information

about New launches.

10515 - Main W/S

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

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.	Amit Singh 821231146212
2	Vehicle No. / वाहन संख्या	UP53FM 2711
3	Policy No. / पालिसी संख्या	252100/31/2026/114860
4	Period of Insurance / बीमा अवधि	16/10/25 to 15/10/25
5	Date of loss & Time / दुर्घटना का दिनांक & समय	04/04/26 9:00 AM
6	Place of Accident / दुर्घटना का स्थान	Bahadurganj - Godanpuri
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Amit Singh UP532025001355
8	Estimated Loss / अनुमानित हानि	₹927
09.	Cause of Accident / दुर्घटना का कारण:	उपरोक्त स्थान पर गाड़ी चलते समय आगे चल रही गाड़ी ने अचानक ब्रेक ले लिया जिससे गाड़ी टकराकर घिर कर क्षतिग्रस्त हो गई
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	A
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	M.B.MOTOR 8218237680

Date / दिनांक : 04/04/26
हस्ताक्षर

Amit Singh

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 _____

Certificate/Policy No. 252400/31/2026/44868

Tel. No. _____

Period of Insurance 16/10/22 to 15/10/24
 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 : Amit Singh
 (b) Address for correspondence : Gosakhpur
 (c) Telephone : 82125114649

2. THE INSURED VEHICLE

Make & Year <u>Honda</u> <u>2022</u>	Engine No. <u>04724</u> Chassis No. <u>11282</u>	Registration No. <u>UP53FM</u> <u>2711</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?
 (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 : N
 (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 : A

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Amit Singh
 (b) Age : 26 year
 (c) Address : Grokhapur
 (d) Is the Driver
 1. Owner : owner
 2. paid driver?
 3. Owner's relative or 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 : UP5B2025000755
 (h) Issuing Authority : R.T.O. GKP.
 (i) Date of Expiry : 02/07/2001.
 (j) Was the licence temporary/permanent : permanent
 (k) Details of endorsement/suspension, if any
 (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 : 02/04/26 9:00 AM
 (b) Place : Bhagpur GKP.
 (c) Speed of vehicle at the time of accident : 50 kmph
 (d) Give a short description of the accident : गिराता रेलगाडीने अचानक ब्रेक न लाया
 (e) If any third party was responsible for this accident give the name and address

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage
 (b) Estimated cost of repairs : ₹ 2500
 (c) When and where can the damaged vehicle be inspected

7. THIRD PARTY INJURY/PROPERTY DAMAGE

(a) Name : N
 (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 : A
 (f) Has notice of any claim been given to you?

8. INJURY TO DRIVER/OCCUPANT

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

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. : _____

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 02/02/06 200

Signature of the insured Amif Singh

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 ... *Amit Singh* ...
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

पृथ्वी, अग्नि, जल, आकाश, सब की सुरक्षा हमारे पास
ओरिएण्टल इन्सुरेंस कंपनी लिमिटेड
(भारत सरकार का उपक्रम)



PRITHVI, AGNI, JAL, AAKASH, SUB KI SURAKSHA HAMARE PAS:
THE ORIENTAL INSURANCE COMPANY LIMITED
(Govt. of India Undertaking) Page No: 1

U66010DL1947GOI007158 U66010DL1947GOI007158

TAX INVOICE/CERTIFICATE OF 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	16-OCT-25
Policy No	252400/31/2026/44630	Proposal No. & Date	R/252400/31/2026/35021 & 16-OCT-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 17:37 ON 16/10/2025 TO MIDNIGHT OF 15/10/2026
Agent/Broker Name	ABHINAV BIJATI	Policy Period (LIABILITY)	FROM 17:37 ON 16/10/2025 TO MIDNIGHT OF 15/10/2030
Insured Name	AMIT SINGH (GSTIN:)		
Insured Address	C/O DIVAKAR SINGH, RAMPUR KHURD GULHARIYA BAZAR,, GORAKHPUR,, NA.		Lead/Breakin No / Insured State
			UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (In Rs.)	
Make	HERO MOTOCORP	Vehicle	90952
Model & Variant	XTREME 125R ABS	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	90952
Engine -Chassis No	JA07A0SGH04724 - MBLJAU054SGH11282	TMF CONTRACT NO	
Cubic Capacity	124.7	Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1	Geographical Area	INDIA
Type Of Body	OTHERS	Type Of Fuel	PETROL
RTO Location			

Schedule Of Premium (Amount In Rs.)

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1524.36	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
		Legal Liability (WC) to driver (IMT-28)	0
Basic Premium	1524.36	Legal Liability to Employees (IMT-29)	NA
Geographical Area Extn (IMT -1)	0	Legal Liability to Passenger (IMT-46)	NA
Driving Tuition Loading On OD Premium (60%)	0	Driving Tuition Loading On TP Premium (60%)	0
Sub-Total Additions	0	PA Paid Driver, Conductor, Cleaner-GR36B3	3851
		Net Liability Premium (B)	4080
Deductibles	0	Total Premium (A+B)	734
Voluntary Deductibles (IMT 22A)	0	GST	0
Anti- Theft Device (IMT-10)	0	SERVICE TAX	0.00
AAI Membership (IMT-8)	0	STAMP DUTY	0
No Claim Bonus	0	Swachh Bharat Cess@0.50%	0
Discount for vehicle designed for handicapped	0	Krishi Kalyan Cess@0.50%	0
SIP Discount	1295	Gross Premium Paid	4814
Sub -Total Deductibles	1295		
Add-On Coverages			
NIL Depreciation		Note:	
Return to Invoice	0	1. Policy Insuree is the subject to the realization of cheque	
Key Replacement	0	2. Consolidated Stamp Duty paid via Challan No	
Consumables	0	3. The Policy is subject to a compulsory Deductible of Rs 0(IMT-22)	
Sub Total Add-on Coverages	229	4. Voluntary excess Rs(0)	
Net own Damage Premium(A)		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	4814
POS Name	NA	POS ID	NA	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 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.in 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 authorized by and on behalf of the company has/have herein to set his/their hands at 252400 on 16-OCT-25

IMPORTANT NOTICE
The Insured is not indemnified if the vehicle is used or driven other 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 M.V.A.C.T. 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) 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 requirements 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 shall be payable to meet the requirements 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. 5 lakhs P.A. 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/30%, preceding four consecutive years/35%, preceding five consecutive years/40%, 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.
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 : 659525SMD
Approved On : 16-OCT-25
Place : MRT
Printed On : 16-OCT-25

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

Indian Union Driving Licence
Issued by Uttar Pradesh

UP53 20250001755

Issue Date: 18-01-2025
Validity (NTD): 01-07-2041

Validity (TTT)



Holder's Signature

Organ Donor: Y

Date of First Issue: 18-01-2025



Name: NMT SIKSHI
Date of Birth: 02-07-2041
Son/Daughter/Wife of: DINESH SIKSHI
Blood Group:

Address: RAJENDRA PURAM GULSHANVA BAZAR GORAKHPUR
GULSHANVA BAZAR KANDI SHIVANVA GORAKHPUR
Uttar Pradesh 273413

DL No: UP53 20250001755

UPDL531000001187



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	UP53		18-01-2025	NT			
Auto Rickshaw	UP53		18-01-2025	NT			
Auto Rickshaw	UP53						
Auto Rickshaw	UP53						
Auto Rickshaw	UP53						
Auto Rickshaw	UP53						

Emergency Contact Number

(Signature)
UP53 GORAKHPUR

भारत सरकार
Government of India

आधार

अमित सिंह
Amit Singh
जन्म तिथि / DOB : 02/07/2001
पुरुष / Male

8715 4005 5638

मेरा आधार, मेरी पहचान

Issue Date: 06/02/2015



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

आधार

पता: आत्मज: दिवाकर सिंह, रामपुर खुर्द,
गुल्हरीया बाज़ार, गोरखपुर, रामपुर खुर्द,
गोरखपुर, उत्तर प्रदेश, 273013
Address: S/O: Divakar Singh, Rampur khurd,
Gulhariya Bazar, Gorakhpur, Rampur
Khurd, Gorakhpur, Uttar Pradesh, 273013

8715 4005 5638

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

Print Date: 07/06/2022



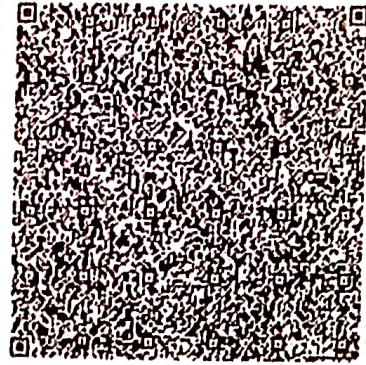
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

MDVPS6576H



नाम / Name
AMIT SINGH

पिता का नाम / Father's Name
DIVAKAR SINGH

जन्म की तारीख /
Date of Birth
02/07/2001

Amit Singh
हस्ताक्षर / Signature

31032023

GOVERNMENT OF UTTAR PRADESH

Transport Department Gorakhpur RTO

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP53FM2711 Registration Date : 19-Oct-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : M.B. MOTORS, BASARATPUR, MEDICAL ROAD, GORAKHPUR, , 188-273004
 Owner Name : AMIT SINGH Son/wife/daughter of : DIVAKAR SINGH
 Full Address: (Permanent) : RAMPUR KHURD GULHARIYA BAZAR, RAMPUR KHURD GORAKHPUR, ,
 GORAKHPUR, UTTAR PRADESH-273013
 Full Address: (Temporary) : RAMPUR KHURD GULHARIYA BAZAR, RAMPUR KHURD GORAKHPUR, ,
 GORAKHPUR-UTTAR PRADESH-273013
 Fitness UpTo : 18-Oct-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 : AA2136850724 Rear HSRP No : AA2138244959
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 08/2025
 No of Cylinders : 1 Chassis No : MBLJAU054SGH11282
 Engine No : JA07A0SGH04724 Fuel : PETROL
 Horse Power(BHP) : 11.39 Cubic Capacity : 124.70
 Maker's Classification : XTREME 125 R ABS Wheel base : 1319
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 137
 Colour : BLACK Laden/GV Wt (kgs) : 267
 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 : 16-Oct-2025 Sale Amt : 95739/-
 OTT Date : 16-Oct-2025 Amount/Rcpt No : 9574 / UP53D25100009100
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 02-Feb-2026

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

This certificate is valid from 19-Oct-2025 to 18-Oct-2040

Date : 04-Feb-2026 12:52:37

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 गोरखपुर 04-Feb-2026

Q 6647439