

**MOSARAM AUTO WORLD PRIVATE LIMITED**  
 100 FITA T-POINT, PILIBHIT BYPASS, TULAPUR, BAREILLY, BAREILLY, 243122, UP, India  
 State Code: 9 Contact: 9415148200,  
 GSTIN No: 09AASCM0223E1ZL  
 Authorized Dealer: Hero MotoCorp Ltd.

**ESTIMATE**

Estimate No. 17032-03-REST-0426-5  
 Customer Name MOHD HAYAT  
 Aadhaar Card 6955  
 VIN MBLCEW048S6H01456  
 Insurance Company  
 HMCGL Card No  
 Part Details  
 Date 20-04-2026  
 Contact No. 9058161041  
 Model V2 PLUS  
 Reg No. UP25EM7099  
 HMCGL Card Category

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	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	
2	VD53200AAWD00S -STEM COMPLETE STRG	87141090	Paid	1,550.00	1	9.00	9.00	0.00	0.00	0.00	0.00	1,829.00	
3	VD51410ACP000S -PIPE COMP FR FORK	87141090	Paid	300.00	2	9.00	9.00	0.00	0.00	0.00	0.00	708.00	
4	VD53100ACP200S -HANDLE COMP STRG	87141090	Paid	702.54	1	9.00	9.00	0.00	0.00	0.00	0.00	829.00	
5	VD61100ACP000YS -FRONT FENDER	87141090	Paid	894.07	1	9.00	9.00	0.00	0.00	0.00	0.00	1,055.00	
6	VD64301ACP000US -COVER FRONT L	87141090	Paid	706.78	1	9.00	9.00	0.00	0.00	0.00	0.00	834.00	
7	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	
8	VD81131ACP000S -COVER INNER	87141090	Paid	483.90	1	9.00	9.00	0.00	0.00	0.00	0.00	571.00	
9	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	
Parts Total												0.00	14,266.00

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount		
1	102032 - ACCIDENTAL LABOUR-V2 PLUS	998729	Paid	1,800.00	9.00	9.00	0.00	0.00	0.00	0.00	2,124.00		
Jobs Total												0.00	2,124.00

Parts Total	14,266.00
Labour Total	2,124.00
SGST (Parts) 9%	1,088.08
CGST (Parts) 9%	1,088.08
SGST (Labour) 9%	162.00
CGST (Labour) 9%	162.00
<b>Total</b>	<b>16,390.00</b>

Rupees In Words: Sixteen Thousand Three Hundred Ninety 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

17032 - 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.	Mohd. Hayat
2	Vehicle No. / वाहन संख्या	UP25EM70099
3	Policy No. / पालिसी संख्या	252400/31/2026/36129
4	Period of Insurance / बीमा अवधि	10/09/2025 To 09/09/2030
5	Date of loss & Time / दुर्घटना का दिनांक & समय	18/04/2026, 04:30 Pm
6	Place of Accident / दुर्घटना का स्थान	प्रीतिताम रोड पहलवान चाय वाले के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Mohd Hayat, UP2520160013327
8	Estimated Loss / अनुमानित हानि	
9.	Cause of Accident / दुर्घटना का कारण:	मैं अपनी गाड़ी लेकर अपनी दुकान प्रीतिताम रोड से अपने घर तलपुरावा रहा था कि रास्ते में पहलवान चाय वाले (तलपुरा) की दुकान के पास उल्टा बाइक वाले ने गाड़ी में सामने से टक्कर मार दी जिससे गाड़ी गिर गयी और क्षतिग्रस्त हो गयी।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
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.	Mosagam Autoword loofita T-Point Pilibhit Bypass Bareilly 7302818020

Date / दिनांक :  
हस्ताक्षर

Signature of Insured / बीमाधारक के

*Mohd Hayat*



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. 252400/31/2026/36129

Tel. No. \_\_\_\_\_

Period of Insurance \_\_\_\_\_

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 : Mohd. Hayat  
 (b) Address for correspondence : Talpuria Baheri, Baheri Bareilly  
 (c) Telephone :

2. THE INSURED VEHICLE

Make & Year <u>Hero Moto Corp</u> <u>2025</u>	Engine No. <u>ECD00156H06419</u> Chassis No. <u>MBLCEW04856H01456</u>	Registration No. <u>UP25EM</u> <u>7099</u>
-----------------------------------------------------	--------------------------------------------------------------------------	--------------------------------------------------

- (a) Was the vehicle in proper working condition?  
 (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 : N/A  
 (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 : Mohd Hayat  
(b) Age :  
(c) Address : Talpura Baheri, Baheri Bareilly  
(d) Is the Driver :  
1. 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? : No  
(g) Driving Licence Number : UP2520160013327  
(h) Issuing Authority : Union of India Driving Licence  
(i) Date of Expiry : 03/06/2036  
(j) Was the licence temporary/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 : 18/04/2026 , 04:30 Pm  
(b) Place : Bareilly  
(c) Speed of vehicle at the time of accident :  
(d) Give a short description of the accident : अज्ञात वाहन ने गाड़ी के सामने से टक्कर मार दी जिससे गाड़ी गिर गई व क्षतिग्रस्त हो गई।  
(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 :  
(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

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : No
- (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? : 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? : \_\_\_\_\_
- (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 \_\_\_\_\_ 200

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. \_\_\_\_\_ 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 *Rajesh* .....  
Occupation .....  
Address .....  
.....  
.....

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



TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE				
(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)				
DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01214063570, (GSTIN: 09AAACT06437RAZU)				
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))		Policy Issued On	10-SEP-25
Policy No	252400/31/2026/36129		Proposal No. & Date	R/252400/31/2026/28286 & 10-SEP-2025
Agent/Broker Code	BA0000155144		Policy Period (OWN DAMAGE)	FROM 18:30 ON 10/09/2025 TO MIDNIGHT OF 09/09/2026
Agent/Broker Name	ABHINAV BHATI		Policy Period (LIABILITY)	FROM 18:30 ON 10/09/2025 TO MIDNIGHT OF 09/09/2030
Insured Name	MOHD HAYAT (GSTIN: )		Lead /Breakin No	/
Insured Address	C/O MOHD SHAKIR, MOH TALUPURA,BAHERI,BAREILLY, , NA,		Insured State	UTTAR PRADESH
INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)		
Make	HERO	Vehicle	118750	
Model & Variant	VIDA V2 PLUS	Electrical Accessories	0	
Registration No	NEW	Non Electrical Accessories	0	
Year Of Manufacture	2025	Total IDV	118750	
Engline-Chassis No	ECD001S6H06419 - MBLCEW048S6H01456	TMF CONTRACT NO		
Cubic Capacity	6	Policy Type	Zone B - Rest of India	
Seating Capacity	1 + 1	Geographical Area	INDIA	
Type Of Body	SOLO	Type Of Fuel	BATTERY POWERED - ELECTRICAL	
RTO Location				
Schedule Of Premium (Amount in Rs.)				
OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)		
Vehicle	1990.25	Basic Third Party Liability	3273	
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	179.25	Legal Liability (WC)to driver (IMT-28)	0	
Geographical Area Extra (IMT-1)	0	Legal Liability to Employees (IMT-29)	0	
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	
Deductibles		PA Paid Driver, Conductor, Cleaner-GR34B3	0	
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	3273	
AMB- Theft Device (IMT-10)	0	Total Premium (A+B)	3749	
AAI Membership (IMT-8)	0	GST	674	
No Claim Bonus	0	SERVICE TAX	0	
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00	
SIP Discount	0	Swachh Bharat Cess@0.50%	0	
Sub-Total Deductibles	0	Krishi Kalyan Cess@0.50%	0	
Add-On Coverages		Gross Premium Paid	4423	
NIL Depreciation	297	Note:		
Return to Invoice	0	1. Policy Issuance 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	297	4. Voluntary excess Rs(0)		
Net own Damage Premium(A)	476	5. Subject to Endorsements IMT,7,10,28,		
Nominee Details : Nominee Name Age Relation				
Payment Details : Payment Method Cheque No./Transaction No. Bank Name Amount				
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 Rs1 lac,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.				
Warranty that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void ab initio (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 authorised by and on behalf of the company has/have herein to set his/their hands at 252400 on 10-SEP-25				
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 MVA 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 luggage) (3) Organized racing (4) Pace Making (5) Speed testing (6) Reliability trials				
g) 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 learner's license may also drive vehicle & that such a person satisfies the requirement 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 is necessary to meet these 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				
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/35%, preceding four 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				
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 : 659525EMD		For and on behalf of		
Approved On : 10-SEP-25		The Oriental Insurance Company Limited		
Place : MRT				
Printed On : 10-SEP-25		General Manager		
		Authorized Signature		

# GOVERNMENT OF UTTAR PRADESH

Transport Department BAREILLY

FORM 23

## CERTIFICATE OF REGISTRATION

Registration No : UP25EM7099 Registration Date : 15-Sep-2025  
Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW  
Dealer's Name & Address : MOSARAM AUTO WORLD PRIVATE LIMITED, 65/2,1ST FLOOR,100 FITA T-POINT,,  
TULAPUR, PILIBHIT BYPASS, BAREILLY, , 150-243122  
Owner Name : MOHD HAYAT Son/wife/daughter of : MOHD SHAKIR  
Full Address: (Permanent) : BAHERI MOH TALPURA, , BAREILLY, UTTAR PRADESH-243201  
Full Address: (Temporary) : BAHERI MOH TALPURA, , BAREILLY-UTTAR PRADESH-243201  
Fitness UpTo : 14-Sep-2040 Owner Serial No : 1

### Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :  
Ownership : INDIVIDUAL Nominee Name : MOHD ZAHID RAZA  
Relationship with the : Brother Norms : Not Available  
Nominee  
Maker's Name : HERO MOTOCORP LTD  
Front HSRP No : AA2125864989 Rear HSRP No : AA2133201420  
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 08/2025  
No of Cylinders : 0 Chassis No : MBLCEW048S6H01456  
Engine No : ECD001S6H06419 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  
Sleepar 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.	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 : 10-Sep-2025 Sale Amt : 125000/-  
OTT Date : Amount/Rcpt No : /  
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
Date of Approval : 22-Sep-2025

### Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 15-Sep-2025 to 14-Sep-2040

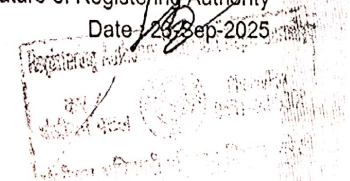
Date : 23-Sep-2025 10:36:57

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 23-Sep-2025

Q 5130953



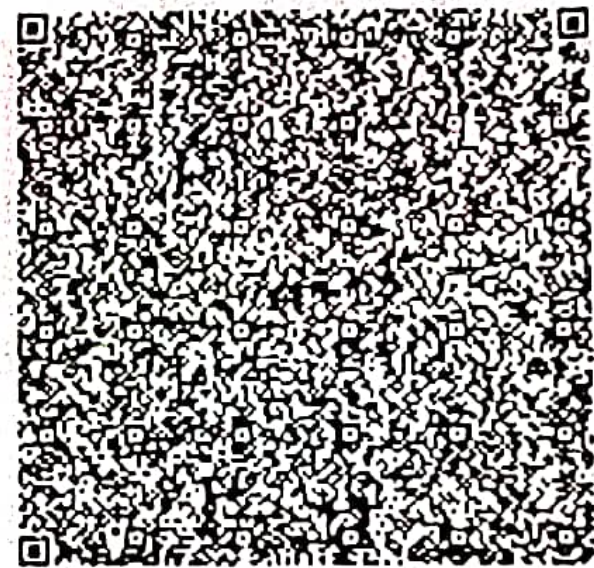
आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card  
**APRPH7893G**



नाम/ Name  
**MOHD HAYAT**

पिता का नाम/ Father's Name  
**MOHD SHAKIR**

जन्म की तारीख /  
Date of Birth  
**07/02/1996**

हस्ताक्षर / Signature

21092023

**UNION OF INDIA Driving Licence**

UP25 20160013327



जारी करने की तिथि / Date of Issue: 04/06/2016  
 वैधता / Validity: 04/06/2016

जन्म तिथि / Date of Birth: 04/06/2016  
 Blood Group:

नाम / Name: MOHAMMAD HAYAT  
 पिता/पति का नाम / Son/Daughter/Wife of: MOHAMMAD SHAKIR

UP25 20160013327

UP04075850MT


  
 LMV 04/06/2016 MCWG 04/06/2016

पता / Address:  
 TALFIRA  
 BAHEER  
 BAREILLY -

Holder's Signature: *[Signature]*

जारीकर्ता / Issuing Authority Sign:  
*[Signature]*  
 BAREILLY

(UP)  
 Form 7 Rule 16(2)



भारत सरकार

Government of India



आधार

Issue Date: 19/06/2014



मो हयात

Mohd Hayat

जन्म तिथि / DOB : 07/02/1996

पुरुष / Male



5306 8032 6955



5306 8032 6955

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

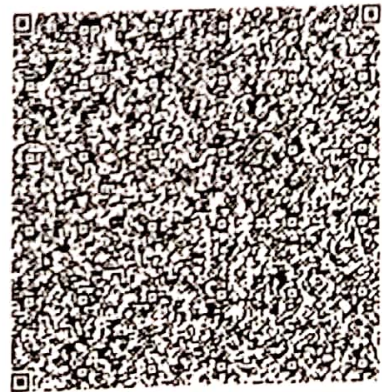


AADHAAR

Print Date: 06/01/2023

पता: S/O: मो शाकिर, मोह तलपुरा, बहेडी,  
बहेरी, बरेली, उत्तर प्रदेश, 243201

Address: S/O: Mohd Shakir, Moh TALPURA,  
baheri, Baheri, Bareilly, Uttar Pradesh,  
243201



5306 8032 6955



1947



help@uidai.gov.in



www.uidai.gov.in



Scanned with OKEN Scanner

No. \*

Date Of Birth 07-01-1996

(DOB) \*

Check Status

Reset

Details Of Driving License: UP2520160013327

Current Status ACTIVE

Holder's Name M\*H\* H\*Y\*T

Old / New DL No. NA

Source Of Data SARATHI

Driving License Initial Details

Initial Issue Date 04-Jun-2016

Initial Issuing Office RTO, BAREILLY

Driving License Endorsed Details

Last Endorsed Date 04-Jun-2016

Last Endorsed Office RTO, BAREILLY

Last Completed Transaction ISSUE OF DRIVING LICENCE

Driving License Validity Details

Non-Transport From: 04-Jun-2016 To: 03-Jun-2036

Transport From: NA To: NA

Hazardous Valid Till NA Hill Valid Till NA

Class Of Vehicle Details

COV Category	Class Of Vehicle	COV Issue Date
NT	MCWG	04-Jun-2016
NT	LMV	04-Jun-2016

**Note:** Driving Licence number can be entered in any of the following formats DL-1420110012345 or

- DL14<space>20110012345

Total number of input characters should be exactly 16 (including space (' ') or hyphen ('-'))

If you hold an old driving license with a different format, please convert the format as per below rule before entering.

SS-RRYYYYNNNNNN OR SSRR<space>YYYYNNNNNN

Where

SS - Two character State Code (like RJ for Rajasthan, TN for Tamil Nadu etc)

