

**MOSARAM BUSINESS & SERVICES PVT LTD**THANA MADIION, NEAR ENGINEERING COLLEGE TANTA SQUARE, SITAPUR ROAD,LUCKNOW, LUCKNOW,  
226024, UP, India

State Code: 9 Contact: 7408404728, , ,

GSTIN No: 09AAQCM8045C1Z7

Authorized Dealer: Hero MotoCorp Ltd.

**ESTIMATE**

Estimate No.	17011-03-REST-0526-6	Date	01-05-2026
Customer Name	MANJU CHAURASIA	Contact No.	8400883895
Aadhaar Card	0000		
VIN	MBLCEW044S6F02601	Model	V2 PLUS
Insurance Company	THE ORIENTAL CLAIM	Reg No.	UP32QS6885
HMCGL Card No		HMCGL Card Category	

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	VD64307ACP000YS - COVER FRONT LOWER CENTRE	87141090	Paid	319.49	1	9.00	9.00	0.00	0.00	0.00	0.00	377.00
2	VD64301ACP000US - COVER FRONT L	87141090	Paid	706.78	1	9.00	9.00	0.00	0.00	0.00	0.00	834.00
3	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
4	VD53236ACP220S -COVER HANDLE FRONT B	87141090	Paid	339.83	1	9.00	9.00	0.00	0.00	0.00	0.00	401.00
5	VD53100ACP200S - HANDLE COMP STRG	87141090	Paid	702.54	1	9.00	9.00	0.00	0.00	0.00	0.00	829.00
<b>Parts Total</b>											<b>0.00</b>	<b>4,151.00</b>

**Labour Details**

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	2,500.00	9.00	9.00	0.00	0.00	0.00	0.00	2,950.00
<b>Jobs Total</b>										<b>0.00</b>	<b>2,950.00</b>

<b>Parts Total</b>	<b>4,151.00</b>
<b>Labour Total</b>	<b>2,950.00</b>
<b>SGST (Parts) 9%</b>	<b>316.60</b>
<b>CGST (Parts) 9%</b>	<b>316.60</b>
<b>SGST (Labour) 9%</b>	<b>225.00</b>
<b>CGST (Labour) 9%</b>	<b>225.00</b>
<b>Total</b>	<b>7,101.00</b>

Rupees in Words: Seven Thousand One Hundred One 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 LUCKNOW Jurisdiction Only

17011 - Main W/S

दावा में,  
Oriental Insurance Co Ltd /  
द ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

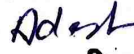
Sir / महोदय,

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.	MANJU CHAURASIYA 0400883895
2	Vehicle No. / वाहन संख्या	UP 32 QS 6885
3	Policy No. / पालिसी संख्या	252400/31/2026 / 25345
4	Period of Insurance / बीमा अवधि	L+4 Year
5	Date of loss & Time / दुर्घटना का दिनांक & समय	30/4/2026 Time 7:40
6	Place of Accident / दुर्घटना का स्थान	Bakshi ka talab
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Tushar UP32 20130018251 - 9807660343
8	Estimated Loss / अनुमानित हानि	7101 Rs.
09.	Cause of Accident / दुर्घटना का कारण:	बी.के.टी. जाते वार्त बगल में जिलकारी तेज धार ले राईट साईड ले 20कर मारी जिवाकी पलह ले मारी गाली Disbalance होकर Left साईड की गिर गई और गाली Damage हो गई ।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	70811 66066 Mosaram Poemia

Date / दिनांक : 01/05/2026  
हस्ताक्षर

  
1/5/2026

  
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. 252400/31/2026/25345

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

Period of Insurance 1+4 year

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 : MANJU CHAURASSYA  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : \_\_\_\_\_

2. THE INSURED VEHICLE

Make & Year <u>June 2025</u>	Engine No. <u>ECD 001S6F02497</u> Chassis No. <u>MBLCEW044S6F02601</u>	Registration No. <u>UP 32 QS 6885</u>
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- (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 : N/A  
 (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 : Tushar  
(b) Age : \_\_\_\_\_  
(c) Address : \_\_\_\_\_  
(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? : \_\_\_\_\_  
(g) Driving Licence Number : UP 32 2013 00010251  
(h) Issuing Authority : \_\_\_\_\_  
(i) Date of Expiry : 10/09/2033  
(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 : 30/4/2026 Time 7:40  
(b) Place : Bakshi ka talab  
(c) Speed of vehicle at the time of accident : 30-40 kmph  
(d) Give a short description of the accident : Q/A and car hit at 202 212  
(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 : Left Front  
(b) Estimated cost of repairs : 10100  
(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 : N/A  
(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? : \_\_\_\_\_

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? \_\_\_\_\_ 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

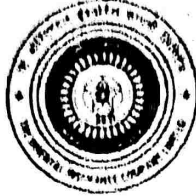
- (a) Date and Time \_\_\_\_\_
- (b) Place \_\_\_\_\_
- (c) What was stolen? \_\_\_\_\_
- (d) Estimated cost of replacement? \_\_\_\_\_
- (e) By whom discovered and reported? \_\_\_\_\_ N/A
- (f) Has theft been reported to Police? \_\_\_\_\_
- (g) When? \_\_\_\_\_
- (h) Which Policy Station? \_\_\_\_\_
- (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 01/5/ 20026

Signature of the insured Adey

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 37-06-678 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 ..... *Adesh* .....  
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, UTTAR PRADESH, INDIA (GSTIN: 09AACT1627R4Z1D)

BUNDLED POLICY (MOTORISED TWO WHEELERS-5 Years)		Policy Issued On	29-JUN-25
25240031/2025/25345		Proposal No. & Date	R/25240031/2025/101476707/1 & 29-JUN-2025
Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 18:25 ON 29/06/2025 TO MIDNIGHT OF 28/06/2026
Owner Name	ARHINAV BHATTI	Policy Period (T.I.A.H.I.T.V)	FROM 18:25 ON 29/06/2025 TO MIDNIGHT OF 28/06/2026
Insured Name	MANJU CHAURASIYA (GSTIN: )	Compulsory PA	FROM 18:25 ON 29/06/2025 TO MIDNIGHT OF 28/06/2026
Insured Address	CAJ MANJU CHAURASIYA, R/O HNO 2572, BAKSHI KA TALAB, RUJRA NAGAR, BARGADI MAGATH,LUCKNOW,, N.A.O	Lead /Breakn No	/
		Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS			INSURED DECLARED VALUE (IDV) (In Rs)	
Make	HERO		Vehicle	109250
Model & Variant	VIDA V2 PLUS		Electrical Accessories	0
Registration No	NEW		Non Electrical Accessories	0
Year Of Manufacture	2025		Total IDV	109250
Engine -Chassis No	ECD00186F02497 - MBLCEW044S6F02601		T.V.F CONTRACT NO	
Cubic Capacity	6		Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1		Geographical Area	
Type Of Body	SOL.O	Type Of Fuel	BATTERY POWERED - ELECTRICAL	
RTO Location				

Schedule Of Premium (Amount in Rs)			OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1831.03		Basic Third Party Liability	3273		
Flec Accessories	0		Compulsory PA Cover Premium	360		
Non-Flec Accessories	0		PA Cover for 0 Person OF Rs (0) each (IMT-16)	0		
Basic Premium	166.03		Legal Liability (WC)in 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-GR36H3	0		
Voluntary Deductibles (IMT 22A)	0		Net Liability Premium (B)	5633		
Anti- Theft Device (IMT-10)	0		Total Premium (A+B)	4072		
AAI Membership (IMT-8)	0		GST	732		
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	4804		
NIL Depreciation	273		Note:			
Return to Invoice	0		1. Policy Issuance is the subject to the realization of cheque			
Key Replacement	0		2. Creditational Stamp Duty paid via Challan No			
Consumables	273		3. This Policy is subject to a compulsory Deductible of Rs (0) (IMT-22)			
Sub Total Add-on Coverages	273		4. Voluntary excess Rs(0)			
Net own Damage Premium(A)	439		5. Subject to Indemnity limits IMT-7,10,28.			

Nominee Details :	Nominee Name	Age	1	Relation	
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name	Amount	4804
Financer Type	Financer Name	HERO FINCORP LTD.	Financer Branch	LUCKNOW	
POS Name	NA	POS ID	NA	POS PAN NO/Audit 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 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, endowments mentioned herein above which are available on company's website: [www.orientalinsurance.com](http://www.orientalinsurance.com) or on demand from the policy issuing office.  
Warranty that in case of disclosure 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 authorized by and on behalf of the company has/have herein to set his/his hands at 252400 on 29-JUN-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 M.V. 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 postal luggage) (3) Organized racing (4) Race Molding (5) Speed testing (6) Profitability 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 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 (a) 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 (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. 15,00,000.  
No Claim Bonus: The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy if an claim is made or pending during the preceding year(s) as per the The preceding year/s @ 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

For and on behalf of  
**The Oriental Insurance Company Limited**

Approved By : UNV/253400  
Approved On : 29-JUN-25  
Place : MRT  
Printed On : 07:49:25

General Manager  
Authorized Signature

CERTIFICATE OF REGISTRATION

Vehicle Registration No : UP32QS6885 Registration Date : 30-Jun-2025  
 Class of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW  
 Name & Address : MOSARAM BUSINESS AND SERVICES PRIVATED LIMITED, 101,SITAPUR RD,MANDION  
 POLICE STN, MOHIBULLAPUR,WARD FAIZULLAGANJ, , , 157-226021  
 Name : MANJU CHAURASIA Son/wife/daughter of : W/O MANOJ CHAURASIA  
 Address: (Permanent) : H NO 257/2, BAKSHI KA TALAB, RUDRA NAGAR, BARGADI MAGATH, LUCKNOW,  
 UTTAR PRADESH-226201  
 Full Address: (Temporary) : H NO 257/2, BAKSHI KA TALAB, RUDRA NAGAR, BARGADI MAGATH, LUCKNOW-  
 UTTAR PRADESH-226201  
 Fitness UpTo : 29-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 Rear HSRP No : AA2130577132  
 Front HSRP No : AA2120429376 Month/Year of Manuf. : 06/2025  
 Type of Body : SOLO WITH PILLION Chassis No : MBLCEW044S6F02601  
 No of Cylinders : 0 Fuel : PURE EV  
 Engine No : ECD001S6F02497 Cubic Capacity : 0.00  
 Horse Power(BHP) : 8.04 Wheel base : 1301  
 Maker's Classification : VIDA V2 PLUS Standing Cap : 0  
 Seating Cap(in all) : 2 Unladen Wt (kgs) : 124  
 Sleeper Cap : 0 Laden/GV Wt (kgs) : 274  
 Colour : BLACK AC Fitted : NO  
 Other Criteria :  
 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 HERO FINCORP LTD, PUNE, PUNE, , Mumbai, Maharashtra-411009 w.e.f: 29-Jun-2025.

Purchase dt	: 29-Jun-2025	Sale Amt	: 125000/-
OTT Date	:	Amount/Rcpt No	: /
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 05-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 30-Jun-2025 to 29-Jun-2040

Date : 16-Jul-2025 18:18:32

Taxation Particulars / Advance Registration Mark Fee Details

पजीयन अधिकारी  
 विभाग UPDP लखनऊ  
 Signature of Registering Authority  
 Date : 16-Jul-2025

Q 4802865



भारत सरकार  
Government of India



Aadhaar no. issued: 27/11/2011



मंजू चौरसिया  
Manju Chaurasia  
जन्म तिथि/DOB: 01/01/1978  
महिला/ FEMALE

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

8275 6880 0000

मेरा आधार, मेरी पहचान



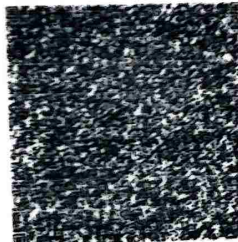
भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
मनोज चौरसिया, म. क्र. 257/2, बाकशी का तालाब, रुद्र  
नगर, बरगढ़ी मण्डल, कोटवा, लखनऊ,  
उत्तर प्रदेश - 226201

Address:  
MANOJ CHAURASIYA, HNo 257/2, BAKSHI  
KA TALAB, RUDRA NAGAR, Bargadi  
Magath, PO: Kotwa, DIST: Lucknow,  
Uttar Pradesh - 226201

Details



8275 6880 0000

VID : 9178 6355 2961 7554



1947



help@uidai.gov.in



www.uidai.gov.in

आयकर विभाग  
INCOME TAX DEPARTMENT

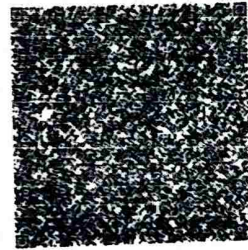


भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

**BXNPC6221N**



नाम / Name  
**MANJU CHAURASIA**

पिता का नाम / Father's Name  
**RAM PREET VERMA**


21092018

जन्म की तारीख /  
Date of Birth  
**02/01/1978**

मंजू चौरसिया  
हस्ताक्षर / Signature

**UNION OF INDIA Driving Licence** (UP) (IN)

UP 32 20130018 1



जारी करने की तिथि  
Date of Issue  
**11/09/2013**


जन्म तिथि  
Date of Birth  
**14/07 1994**

नाम / Name  
**TUSHAR CHAURASIYA**

पुत्र/पुत्री/पत्नी का नाम / Son/Daughter/Wife of  
**ANIL KUMAR**


वैधता/वैधता तिथि  
Validity  
**10/09/2023**

Blood Group  
**Unknown**




UP00487416MT

UP 32 20130018251




LMV  
09/2013



MCWG  
11/09/2013

पता / Address  
242 ABBASA NAGAR  
JCF NAGAR  
JCF NAGAR

Holder's Signature



जारीकर्ता / Issuing Authority Sign  
UP

Form T Rule 16(2)