

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-0526-128
 Customer Name VEER PAL
 VIN MBLHAW12XNHC23693
 Insurance Company
 HMCGL Card No 1073022890003926
 Part Details

Date 09-05-2026
 Contact No. 9120461025
 Model SPLENDOR +
 Reg No. UP31BV6128
 HMCGL Card Category Gold

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	K44446AAMB000S -KIT, WHEEL COMP. FRONT	87141090	Paid	4,444.92	1	9.00	9.00	0.00	0.00	0.00	0.00	5,245.00
2	61000AAE200VS -FRONT FENDER (NH-35M)	87141090	Paid	1,317.80	1	9.00	9.00	0.00	0.00	0.00	0.00	1,555.00
3	50100AAE010S -FRAME BODY COMP(SELF)	87141090	Paid	8,826.27	1	9.00	9.00	0.00	0.00	0.00	0.00	10,415.00
4	83410AAE300RS -FR VISOR BLACK NH 1 TYPE 1	87141090	Paid	868.64	1	9.00	9.00	0.00	0.00	0.00	0.00	1,025.00
5	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	415.25	1	9.00	9.00	0.00	0.00	0.00	0.00	490.00
6	53200AAE200S -STEM COMP STRG	87141090	Paid	847.46	1	9.00	9.00	0.00	0.00	0.00	0.00	1,000.00
7	83402AAE940S -INNER PANEL	87141090	Paid	250.00	1	9.00	9.00	0.00	0.00	0.00	0.00	295.00
8	51400KSTA11S -FORK ASSY R FR	87141090	Paid	2,152.54	1	9.00	9.00	0.00	0.00	0.00	0.00	2,540.00
9	51500KSTA11S -FORK ASSY L FR	87141090	Paid	2,152.54	1	9.00	9.00	0.00	0.00	0.00	0.00	2,540.00
10	33100AAE941S -LIGHT ASSEMBLY HEAD LAMP	85122010	Paid	2,733.05	1	9.00	9.00	0.00	0.00	0.00	0.00	3,225.00
11	17520AAE3054S -FUEL TANK (BLACK NH 1) TYPE 4	87141090	Paid	5,779.66	1	9.00	9.00	0.00	0.00	0.00	0.00	6,820.00
12	83600KCC830ZBS -L SIDE COVER (BLACK NH-1)	87141090	Paid	627.12	1	9.00	9.00	0.00	0.00	0.00	0.00	740.00
13	50803KST940S -GUARD LEG	87141090	Paid	563.56	1	9.00	9.00	0.00	0.00	0.00	0.00	665.00
14	88110AAFH31ZAS -MIRROR ASSEMBLY RIGHT BACK NH-1 TYPE-1	70091090	Paid	190.68	1	9.00	9.00	0.00	0.00	0.00	0.00	225.00
15	18355AAE940S -COVER MUFFLER ASSEMBLY	87141090	Paid	415.25	1	9.00	9.00	0.00	0.00	0.00	0.00	490.00
16	18350AADH00S -MUFFLER COMP EXH	87141090	Paid	3,487.29	1	9.00	9.00	0.00	0.00	0.00	0.00	4,115.00
17	83515AAE300S -COVER L UTILITY BOX	87141090	Paid	33.90	1	9.00	9.00	0.00	0.00	0.00	0.00	40.00
18	83510KSTA10S -UTILITY BOX COMP	87141090	Paid	93.22	1	9.00	9.00	0.00	0.00	0.00	0.00	110.00
19	K50506KCCA900LS -KIT STEP	87141090	Paid	203.39	1	9.00	9.00	0.00	0.00	0.00	0.00	240.00
20	88110AAFH31ZAS -MIRROR ASSEMBLY RIGHT BACK NH-1 TYPE-1	70091090	Paid	190.68	1	9.00	9.00	0.00	0.00	0.00	0.00	225.00
Parts Total											0.00	42,000.00

Labour Details

S No	Job Code	SAC	Billing	Rate	SGST	CGST	UTGST	IGST	%	Discount	Discount	Net
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	No.	Type		%	%	%	%	Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR +	998729	Paid	1,695.00	9.00	9.00	0.00	2,000.10	
Jobs Total								0.00	2,000.10
Parts Total								42,000.00	
Labour Total								2,000.10	
SGST (Parts) 9%								3,203.39	
CGST (Parts) 9%								3,203.39	
SGST (Labour) 9%								152.55	
CGST (Labour) 9%								152.55	
Total								44,000.10	

Rupees in Words: Fourty Four Thousand and paise Ten Only

Authorized Signatory

10730 - 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. 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 CITY Jurisdiction Only
- #HeroMotocorp can further contact you via Call, SMS or email for feedback or to give information about New launches.

Prices of statutory levies prevailing at the time of delivery shall be charged

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

Supplementary estimate will be submitted if further damages/parts are required after dismantling 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 CITY Jurisdiction Only

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड
M.E.E.R.K.T.

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.	VEERPAL 9120461025
2	Vehicle No. / वाहन संख्या	UP31BV6128
3	Policy No. / पालिसी संख्या	MS/2026/7001/0/46575/571690
4	Period of Insurance / बीमा अवधि	28/03/2026 to 27/03/2027
5	Date of loss & Time / दुर्घटना का दिनांक & समय	05/05/2026 8:15 PM
6	Place of Accident / दुर्घटना का स्थान	गोपलापुर के पास
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी.एल. नं. & मोबाइल नं	SOMNATH VERMA UP31 20130008392
8	Estimated Loss / अनुमानित हानि	No
09.	Cause of Accident / दुर्घटना का कारण :	लगातार से रमुआपुर सली आ रहे थे तभी अचानक गोपलापुर के पास सामने से आ रही कार ने दाहिनी ओर से जोरदार ब्रक ब्राकी जितना अंदर जाई अन्यायित होकर दायाँ ओर जिकर झटके में ही जाई
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	No
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	Yes.
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	MOSARAM AUTO SALES 9151159636 L.R.P Road Lakhimpur Kheri

Date / दिनांक : 08/09/2026
हस्ताक्षर

Signature of Insured / बीमाधारक के

वीरपाल



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 MEEKUT

Certificate/Policy No. _____

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 : VEERPAL
 (b) Address for correspondence : KAMUPUR SATTI, KALUWAPUR Kheri UP 26701
 (c) Telephone : 9120461025

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2022</u>	Engine No. <u>HA11EDNHC17308</u> Chassis No. <u>MBLHAW12XNH023693</u>	Registration No. <u>UP31BV</u> <u>16128</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? NO
 (c) Was trailer attached?
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached
 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 : _____
- NO

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : SOMNATH
- (b) Age : 06/06/2999
- (c) Address : RAMUAPUR THANA Lakhimpur Kheri
- (d) Is the Driver
1. Owner : NO
 2. paid driver? : NO
 3. Owner's relative or friend? : YES. BROTHER.
- (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 : UP31 2013 000 8392
- (h) Issuing Authority : 16/08/2013
- (i) Date of Expiry : 15/08/2033
- (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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 05/05/2026 8:15 PM.
- (b) Place : Gopalapur Nearby.
- (c) Speed of vehicle at the time of accident : 30-40 km/h.
- (d) Give a short description of the accident : मोटर साइकिल का चालक ने अचानक ब्रेक लगाया और वाहन रुक गया।
- (e) If any third party was responsible for this accident give the name and address : साइकिल चालक ने अचानक ब्रेक लगाया और वाहन रुक गया।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front or Right and Left.
- (b) Estimated cost of repairs : NO
- (c) When and where can the damaged vehicle be inspected : MOSA RAM AUTO SALES IRRoad Lakhimpur Kheri

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? : _____
- (b) If yes, give full details : _____ NA

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. : _____ NA

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 : _____ NA

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 06/05/2026 200

Signature of the insured विरुधि

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. UP31BY6/28 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. _____

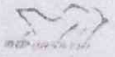
One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Witness
Name
Signature
Address

Signature [Handwritten Signature]
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2026/7001/O/46575/571640

Motorsathi Care Private Limited
D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004) India

Email: info@motorsathi.com
Visit the help section of www.motorsathi.com

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
VEERPAL	1995-01-01	9120461025	S/O SRI DEVAKI NANDAN VERMA	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
DRUM SELF E20	UP31BV6128	HALIEDNHC17308	MBLHAW12XNHC23693	2022-03-31	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
38000.00		0.00	0.00	0.00	38000.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl GST)	
	Solo			2	1201.79	
Address			City / District	Pin Code	State	
VILL-RAMUAPUR SATHI,PO-KALAAM,PS-KOTWALI,KHERLU,UTTAR PRADESH				262791	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
	Female		WIFE	2026-03-28 12:26	Midnight of 2027-03-27	

Section A, VRC: 623.16 TCR: 493.24 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (25%): 181.68 Total with GST(A) 934.72
 Section B, EC: 0.00 EC Service: 0.00 ECPD: 0.00 Sub Total: 0.00 TAC: 0.00 ENC: 0.00 EDC: 0.00 MCPD: 0.00 Total(B): 0.00 GST (CGST @9% + SGST @9%)(B): 0.00 Total with GST(B): 0.00
 Section C, MS Services(O): 0.00 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @9% + SGST @9%): 0.00 Total MS Services with GST(C): 0.00
 Section D, Drive Assure: 226.33 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 40.74 Total with GST(D): 267.07
Total(Section A+C+D) Offered Price After Discount: 1202

Package Period Covered	2026-03-28 To 2027-03-27	2027-03-28 To 2028-03-27	2028-03-28 To 2029-03-27	2029-03-28 To 2030-03-27	2030-03-28 To 2031-03-27
ADV	38000	NIL	NIL	NIL	NIL
Package Period Covered (NODL)	1 Year	NIL	NIL	NIL	NIL

THE VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVER/AGE TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2027-03-27 (DETAILS ARE AS PROVIDED BY THE CUSTOMER).

LIMITATIONS AS TO USE: This package covers use of the vehicle for any purpose other than a) Hire or Reward b) Carriage of goods (other than samples or personal luggage) c) Organized Racing d) Pace Making e) Speed Testing f) Reliability Trials g) Any purpose in connection with Motor Trade.

DRIVER: Any person including covered individual: 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 Learners License may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicle Rules, 1989

LIMIT OF ACCOUNTABILITY: Limit of the amount of the Companys accountability in respect of any one request or series of requests arising out of one event. Up to Rs - 100000/ Note: The amount mentioned is estimated breakup. Actual Costs and Terms & Conditions are in package document which can be downloaded only via authorized portal www.motorsathi.com or MotorSathi App.

DISCLAIMER: The package stands cancelled or void in the event of Cheque Dishonored. The company may cancel the package by sending 7 days' notice in case of fraud, misrepresentation, nondisclosure of material fact or non-co-operation of the coverage.

ANTI MONEY LAUNDERING CLAUSE: In the event of a request under the package exceeding Rs 1 lakh or a request for refund of payment exceeding Rs 1 lakh, the accountability shall comply with the provisions of AML package of the company. The AML package is available on our operating offices as well as Company website.

TO REGISTER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care / Toll Free Phone



IMPORTANT NOTICE: The coverage is not indemnified if the vehicle is used or driven otherwise than in accordance with this Schedule. Any dispute arising out of or in connection with this agreement shall be subject to the jurisdiction of the courts at Meerut.



Received with Thanks Rs 1201.79 ON 2026-03-25 from Mr./Ms. VEERPAL against the APN No. INC0051640
 The acknowledgment is subject to a compulsory expense of Rs 100/- & Exemption is applied to the bill
 Customer Service Address: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India



Transport Department LAKHIMPUR KHERI

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP31BV6128
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : MUSA RAM AUTO SALES, L R P ROAD, LAKHIMPUR KHERI, ...
 Owner Name : VEERPAL
 Registration Date : 31-Mar-2022
 Purpose For Printing RC : NEW
 Son/wife/daughter of : S/O SRI DEVAJI NANJAN VERMA

Full Address: (Permanent) : VILL- RAMUAPUR SATTI, PO- KALAAM, PS- KOTWALI, KHERI, UTTAR PRADESH- 262701

Full Address: (Temporary) : VILL- RAMUAPUR SATTI, PO- KALAAM, PS- KOTWALI, KHERI-UTTAR PRADESH-262701

Fitness UpTo : 30-Mar-2037 Tax UpTo : One Time

Owner Serial No : 1

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Ownership : INDIVIDUAL Norms : BHARAT STAGE IV
 Maker's Name : HERO MOTOCORP LTD Rear HSRP No : AA2052367565
 Front HSRP No : AA2052367565 Month/Year of Manuf. : 08/2022
 Type of Body : SOLO WITH PILLION Chassis No : MSLHAW1204403369
 No of Cylinders : 1 Fuel : PETROL
 Engine No : HA11EDNHC17308 Cubic Capacity : 97.20
 Horse Power(BHP) : 7.91 Wheel base : 1236
 Maker's Classification : SPLENDOR+ BLACK AND ACCENT CCENTSS
 Seating Cap(in all) : 2 Standing Cap : 0
 Steeple Cap : 0 Unladen Wt (kgs) : 112
 Colour : BLACK AND ACCENT 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)
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 : 28-Mar-2022 Sale Amt : 69600/-
 OTT Date : 28-Mar-2022 Amount/Rcpt No : 6960 / UP31D22030003512
 Tax Up To : One Time Vehicle is Govt./ Pvt. : PRIVATE
 Tax Exempted or Not : NOT EXEMPTED Date of Approval : 01-Apr-2022

Other State/Transfer/Conversion Details

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

This certificate is valid from 31-Mar-2022 to 30-Mar-2037

Date: 25-Apr-2022 10:43:55

Taxation Particulars / Advance Registration Mark Fee Details

N 2298164

Signature of Registering Authority
 25-Apr-2022

Uttar Pradesh Government
 Government of Uttar Pradesh

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

BGMPV8789E

नाम / Name
VEERPAL

पिता का नाम / Father's Name
DEVAKI NANDAN VERMA

जन्म की तारीख / Date of Birth
01/01/1995

Veer Pal
हस्ताक्षर / Signature



01072017

इस कार्ड के खोने / पाने पर कृपया सूचित करें। लौटाएं:
आयकर पैन सेवा इकाई, एन एस डी एल
5 वीं मंजिल, मंत्री स्टर्लिंग, प्लॉट नं. 341, सर्वे नं. 997/8,
मॉडल कालोनी, दीप बंगला चौक के पास,
पुणे - 411 016.

*If this card is lost / someone's lost card is found,
please inform / return to :*

Income Tax PAN Services Unit, NSDL
5th floor, Mantri Sterling,
Plot No. 341, Survey No. 997/8,
Model Colony, Near Deep Bungalow Chowk,
Pune - 411 016.

Tel: 91-20-2721 8080, Fax: 91-20-2721 8081
e-mail: timinfo@nsdl.co.in



भारत सरकार
Government of India



Issue Date : 03/12/2014



वीर पाल
Veer Pal
जन्म तिथि / DOB : 01/01/1995
पुरुष / Male

4748 8740 1913

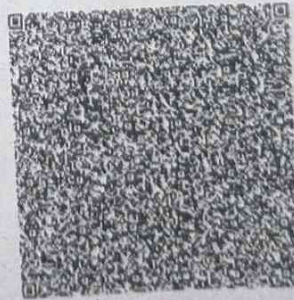
मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Print Date : 09/10/2023
पता: संबोधित: देवकी नंदन वर्मा, रमुआपुर
सत्ती, कलुवापुर, खीरी, उत्तर प्रदेश, 262701
Address: S/O: Devaki Nandan Verma,
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जारी करने की तिथि
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Blood Group
Unknown




नाम / Name
SOMNATH VERMA

पुत्र/पुत्री/पत्नी का नाम / Son/Daughter/Wife of
DEVKI NANDAN


UP31 20130008392 **UP00397625MT**



LMV
16/08/2013



MCWG
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पता / Address
**VILL RAMUAPUR THANA LAKHIMPUR
LAKHIMPUR KHERI**

Holder's Signature

SR

जारीकर्ता / Issuing Authority Sign
LAKHIMPUR KHERI

Form 7 Rule 16(2)