

**CERTIFICATE OF REGISTRATION**

: 30-Sep-2022

**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-0526-130  
 Customer Name HIMANSHU PANDEY  
 VIN MBLJFN071NGH01421  
 Insurance Company  
 HMCGL Card No 1073025570004208

Date 09-05-2026  
 Contact No. 9258324379  
 Model DESTINI 125  
 Reg No. UP16DK4287  
 HMCGL Card Category Platinum

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	53205ABS300US -COVER HANDLE FR CB 022M	87141090	Paid	898.31	1	9.00	9.00	0.00	0.00	0.00	0.00	1,060.00
2	3310BAAY001S -LIGHT ASSY HEAD(W/O BULB)	85122010	Paid	580.51	1	9.00	9.00	0.00	0.00	0.00	0.00	685.00
3	53206ABS000S -COVER HANDLE RR	87141090	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
4	64305ABS900RS -COVER FRONT UPPER MAT BLACK NH 105	87141090	Paid	1,355.93	1	9.00	9.00	0.00	0.00	0.00	0.00	1,600.00
5	64309ABS000SS -FRONT COVER LOWER	87141090	Paid	1,139.83	1	9.00	9.00	0.00	0.00	0.00	0.00	1,345.00
6	64320ABS000US -COVER R FLOOR SIDE CH BRONZE (RD-022M)	87141090	Paid	521.19	1	9.00	9.00	0.00	0.00	0.00	0.00	615.00
7	64320ABS000US -COVER R FLOOR SIDE CH BRONZE (RD-022M)	87141090	Paid	521.19	1	9.00	9.00	0.00	0.00	0.00	0.00	615.00
8	18318ABS000S - PROTECTOR MUFFLER	87141090	Paid	169.49	1	9.00	9.00	0.00	0.00	0.00	0.00	200.00
9	61100AAY000SS -FRONT FENDER (WH-004P S)	87141090	Paid	1,737.29	1	9.00	9.00	0.00	0.00	0.00	0.00	2,050.00
10	88120ABS000RS -MIRROR ASSEMBLY LEFT BACK NH-B08M	70091090	Paid	250.00	1	9.00	9.00	0.00	0.00	0.00	0.00	295.00
11	53178ABV010S -LEVER LEFT HANDLE	87141090	Paid	131.36	1	9.00	9.00	0.00	0.00	0.00	0.00	155.00
<b>Parts Total</b>											0.00	<b>8,840.00</b>

**Labour Details**

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-DESTINI 125	998729	Paid	1,695.00	9.00	9.00	0.00	0.00	0.00	0.00	2,000.10	
<b>Jobs Total</b>											0.00	<b>2,000.10</b>

Parts Total	8,840.00
Labour Total	2,000.10
SGST (Parts) 9%	674.24
CGST (Parts) 9%	674.24
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
<b>Total</b>	<b>10,840.10</b>

To / सेवा में,  
The Oriental Insurance Co Ltd /  
दि ओरिएण्टल इन्शुरेंस कंपनी लिमिटेड  
...M.E.R.U.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.	HIMANSHU PANDEY. 9258 324379.
2	Vehicle No. / वाहन संख्या	UP16 DK 4287
3	Policy No. / पालिसी संख्या	MS/2025/7001/0146575/44/338
4	Period of Insurance / बीमा अवधि	21/05/2025 to 20/05/2026 तक
5	Date of loss & Time / दुर्घटना का दिनांक & समय	07/05/2026 10:00 Am.
6	Place of Accident / दुर्घटना का स्थान	लीला कुंडा के पास
7	Name of the Driver, D.L.No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	HIMANSHU PANDEY. 9258324379. UP31 20190008626
8	Estimated Loss / अनुमानित हानि	NO
09.	Cause of Accident / दुर्घटना का कारण	लखीमपुर से कंकनापुर जा रहे थे तभी अचानक से लीलाकुंडा के पास से आते वाले ने साइल साइड पायी ओर से तबकाट मार दी जिससे मेरी गाड़ी बायी तरफ गिरकर 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 / फोन नं.	MOSARAM AUTO SALES 915154036 Lakhimpur Kherul, R.P. Road.

Date / दिनांक : 08/05/2026  
हस्ताक्षर

  
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 MEERUT

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 : Himanshu Pandey  
 (b) Address for correspondence : CHARI CHAUKHANDI NR-KRISHNA INTERCOLLEGE  
 (c) Telephone : 9258324379 NOIDA

2. THE INSURED VEHICLE

Make & Year <u>HERO / 2022</u>	Engine No. <u>JP17ELNGH00096</u> Chassis No. <u>MBLJFN07INGH01421</u>	Registration No.- <u>UP16 DK</u> <u>4287</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 NO  
 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 : \_\_\_\_\_
- N/A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : HIMANSHU PANDEY
- (b) Age : 12/07/1997
- (c) Address : RUKNAPUR POST TEEKAR.
- (d) Is the Driver :
  - 1. Owner : YES
  - 2. paid driver? : NO
  - 3. Owner's relative or friend? : NO
- (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 2019 000 8626.
- (h) Issuing Authority : 13/07/2019
- (i) Date of Expiry : 22/07/2039
- (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 : 07/05/2026 10:00 Am.
- (b) Place : (विकास) 419
- (c) Speed of vehicle at the time of accident : 30-40-Km/h
- (d) Give a short description of the accident : .
- (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 : Front and Left Right.
- (b) Estimated cost of repairs : NO
- (c) When and where can the damaged vehicle be inspected : MOSAKAM AUTO SALES IR.P.Road  
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 : .
- (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? : \_\_\_\_\_ / NA  
(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? : \_\_\_\_\_ / NA  
(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? : \_\_\_\_\_ / NA  
(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 08/05/2026 200

Signature of the insured विश्वरूप

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 \_\_\_\_\_ 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 विमल कुमार  
Occupation .....  
Address .....

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

## CERTIFICATE OF REGISTRATION

**Registration No** : UP16DK4287  
**Description of Vehicle** : M-CYCLE/SCOOTER  
**Registration Date** : 30-Sep-2022  
**Dealer's Name & Address** : DHANSRI MOTOCORP, H 206 A SEC 63, NOIDA G B NAGAR, , , -  
**Purpose For Printing RC** : NEW  
**Owner Name** : HIMANSHU PANDEY  
**Son/wife/daughter of** : GIREESH CHANDRA PANDEY

**Full Address: (Permanent)** : VILL- GHARI CHAUKHANDI, NR - KRISHNA INTER COLLEGE, NOIDA, GAUTAM BUDDHA NAGAR, UTTAR PRADESH-201301

**Full Address: (Temporary)** : VILL- GHARI CHAUKHANDI, NR - KRISHNA INTER COLLEGE, NOIDA, GAUTAM BUDDHA NAGAR-UTTAR PRADESH-201301

**Fitness Up To** : 29-Sep-2037  
**Owner Serial No** : 1

**Detailed Description**

<b>Class of Vehicle</b>	: M-CYCLE/SCOOTER	<b>Link Vehicle No</b>	:
<b>Ownership</b>	: INDIVIDUAL	<b>Norms</b>	: BHARAT STAGE VI
<b>Maker's Name</b>	: HERO MOTOCORP LTD	<b>Rear HSRP No</b>	: AA1021834434
<b>Front HSRP No</b>	: AA1021570751	<b>Month/Year of Manuf.</b>	: 08/2022
<b>Type of Body</b>	: SOLO WITH PILLION	<b>Chassis No</b>	: MBLJFN071NGH01421
<b>No of Cylinders</b>	: 1	<b>Fuel</b>	: PETROL
<b>Engine No</b>	: JF17ELNGH00096	<b>Cubic Capacity</b>	: 124.60
<b>Horse Power(BHP)</b>	: 8.98	<b>Wheel base</b>	: 1245
<b>Maker's Classification</b>	: DESTINI 125 (STD)	<b>Standing Cap</b>	: 0
<b>Seating Cap(in all)</b>	: 2	<b>Unladen Wt (kgs)</b>	: 114
<b>Sleeper Cap</b>	: 0	<b>Laden/GV Wt (kgs)</b>	: 244
<b>Colour</b>	: PEARL SILVER WHITE	<b>AC Fitted</b>	: NO
<b>Other Criteria</b>	:		
<b>Vehicle Purchase As</b>	: Fully Built		

**Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)**

<b>By Manuf.</b>	:	<b>As Regd.</b>	:
		<b>Description</b>	<b>Weight(in kgs)</b>

- a) Front:
- b) Rear:
- c) Other:
- d) Tandem:

The motor vehicle above described is subject to Hypothecation in favour of HERO FINCORP LTD, NOIDA, , Gautam Buddha Nagar, Uttar Pradesh-201301 w.e.f. 27-Sep-2022.

<b>Purchase dt</b>	: 27-Sep-2022	<b>Sale Amt</b>	: 70990/-
<b>OTT Date</b>	: 27-Sep-2022	<b>Amount/Rcpt No</b>	: 7099 / UP16D22090009206
<b>Vehicle is Govt./ Pvt.</b>	: PRIVATE	<b>Tax Exempted or Not</b>	: NOT EXEMPTED
<b>Date of Approval</b>	: 05-Oct-2022		
<b>Other State/Transfer/Conversion Details</b>			
<b>Previous Owner</b>	:	<b>Previous RegNo</b>	:
<b>Old State</b>	:	<b>Entry Date</b>	:
<b>Transfer Date</b>	:	<b>Conversion Date</b>	:

**This certificate is valid from 30-Sep-2022 to 29-Sep-2037**

Date : 16-Oct-2022 16:44:58

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 16-Oct-2022

P 0060524

## Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2025/7001/O/46575/441338

**Motorsathi Care Private Limited**  
 B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) India  
 Contact us at:  
 Phone: +91 79410 50643  
 Email: info@motorsathi.com  
 Visit the help section of [www.motorsathi.com](http://www.motorsathi.com)

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
HIMANSHU PANDEY	1997-07-12	9026763125	GIREESH CHANDRA PANDEY	Hero Motocorp	DESTINI	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
ZX	UP16DK4287	JF17ELNGH00096	MBLJFN071NGH01421	2022-09-30	125	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
52500.00	NA	0.00	0.00	0.00	52500.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
	Solo	HERO FINCORP LTD.	---	2	2030.28	
Address			City / District	Pin Code	State	
VILL- GHARI CHAUKHANDI, NR - KRISHNA INTER COLLEGE, NOIDA, 201301				201301	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
GIREESH CHANDRA PANDEY	Male	51 Years	FATHER	2025-05-21 13:45	Midnight of 2026-05-20	

Section A, VRC: 808.24 TCR: 433.65 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 **Total with GST(A)** 1241.89

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): 374.58 MS Services(D): 0.00 MS Services(P): 0.00 **GST (CGST @9% + SGST @9%):** 67.42 **Total MS Services with GST(C):** 442.00

Section D, Drive Assure: 293.55 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 **GST (CGST @9% + SGST @9%):** 52.84 **Total with GST(D):** 346.39

**Total(Section A+B+C+D) Offered Price After Discount:** 2030

Package Period Covered	2025-05-21 To 2026-05-20	2026-05-21 To 2027-05-20	2027-05-21 To 2028-05-20	2028-05-21 To 2029-05-20	2029-05-21 To 2030-05-20
ADV	52500	NIL	NIL	NIL	NIL
MS Services Period Covered (NODL)	1 Year	NIL	NIL	NIL	NIL

\*THE VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2027-09-26 (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](http://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 1lakh or a request for refund of payment exceeding Rs 1 lakh, the accountability will comply with the provisions of AML package of the company. The AML package is available in all our operating offices as well as Company website.

**TO REGISTER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT:** Website: [www.motorsathi.com](http://www.motorsathi.com) Customer Care / Toll Free Phone No.: 7941050643 email id: info@motorsathi.com



**IMPORTANT NOTICE:** The coverage 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. All disputes arising out of or in connection with this agreement shall be subject to the exclusive jurisdiction of the courts at Aligarh.

#: Received with Thanks Rs 2030.28 ON 2025-05-21 from Mr./Ms. HIMANSHU PANDEY against the ARN No. INCP00441338

The acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions\*

(Please turn overleaf for details) Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 18

Customer Service Address: B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) India





भारत सरकार  
Government of India



Download Date: 25/06/2021



हिमांशु पाण्डेय  
Himanshu Pandey  
जन्म तिथि/DOB: 12/07/1997  
पुरुष/ MALE

Issue Date: 16/06/2021

**4666 9782 9556**

VID : 9175 5259 5582 6258

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

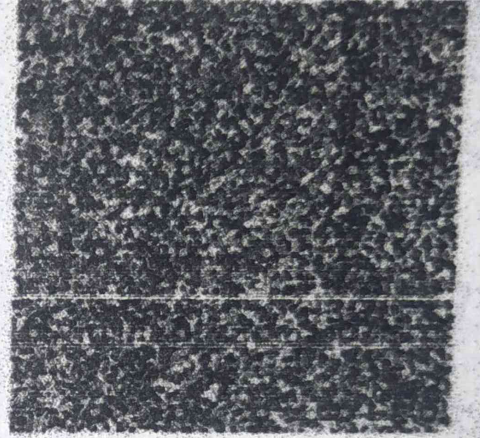


पता:

S/O गिरीश चन्द्र पाण्डेय, ग्राम रुकनापुर, पोस्ट टीकर,  
टीकर, खैरी,  
उत्तर प्रदेश - 262725

**Address:**

S/O Girish Chandra Pandey, village  
rukanapur, post tikar, Tikar, Kheri,  
Uttar Pradesh - 262725



**4666 9782 9556**

**VID : 9175 5259 5582 6258**



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

EORPP9654C

नाम / Name

HIMANSHU PANDEY

पिता का नाम / Father's Name

GIREESH CHANDRA PANDEY

जन्म की तारीख / Date of Birth

12/07/1997

हस्ताक्षर

Signature



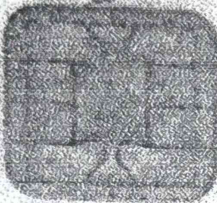
19922118



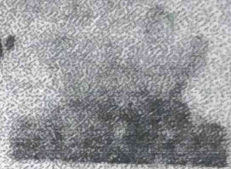
**Indian Union Driving Licence**  
**Issued by Uttar Pradesh**



**UP31 20190008626**



<b>Issue Date</b>	<b>Validity (NT)</b>	<b>Validity (TR)*</b>
<b>23-07-2019</b>	<b>22-07-2039</b>	<u>                    </u>



**(23-07-2019)**

**Date of first issue**

**Name:** **HIMANSHU PANDEY** *Signature*

**Date of Birth:** **12-07-1997** **Blood Group:** **Organ Donor:** **N**

**Son/Daughter/Wife of:** **GIRISH PANDEY**

**Address:**  
**VILL RUIGNAPUR POST TEEKAR THANA PHARDHAN**  
**LAKHIMPUR, KHERI, UP 262725**

DL No: **UP31 20190008626**

UPTL 000005735557



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	UP31	23-07-2019	NT			
	LMV	UP31	23-07-2019	NT			
	MVSD						

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority  
UP31 LAKHIMPURKHETA