

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-0526-16	Date	18-05-2026
Customer Name	MAHESH RAO	Contact No.	7506847553
VIN	MBLHAW466SHF57908	Model	SPLENDOR+ XTEC
Insurance Company		Reg No.	UP53FM5987
HMCGL Card No	1051526570001386	HMCGL Card Category	Gold

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	K44446AAED230S -KIT WHEEL COMP FRONT	87141090	Paid	4,139.83	1	9.00	9.00	0.00	0.00	0.00	0.00	4,885.00
2	83402ADH600S -PANEL INNER	87141090	Paid	135.59	1	9.00	9.00	0.00	0.00	0.00	0.00	160.00
3	6131BAAEB00S -STAY RIGHT HEADLIGHT SUB ASSEMBLY	87141090	Paid	67.80	1	9.00	9.00	0.00	0.00	0.00	0.00	80.00
4	6131CAAEB00S -STAY LEFT HEADLIGHT SUB ASSEMBLY	87141090	Paid	59.32	1	9.00	9.00	0.00	0.00	0.00	0.00	70.00
5	53100ADH600S -PIPE STEERING HANDLE	87141090	Paid	355.93	1	9.00	9.00	0.00	0.00	0.00	0.00	420.00
6	53230KCC900S -BRIDGE COMP.FORK TOP	87141090	Paid	220.34	1	9.00	9.00	0.00	0.00	0.00	0.00	260.00
7	ADHMS6A0020CBGS - FUEL TANK NH-1(T5)	87141090	Paid	4,983.05	1	9.00	9.00	0.00	0.00	0.00	0.00	5,880.00
8	35010AAE301S -"KIT, LOCKS & KEYS"	83012000	Paid	724.58	1	9.00	9.00	0.00	0.00	0.00	0.00	855.00
9	3340BAAEB0099S -WINKER ASSY R FR	85122010	Paid	165.25	1	9.00	9.00	0.00	0.00	0.00	0.00	195.00
10	3345BAAEB0099S -WINKER ASSY L FR	85122010	Paid	165.25	1	9.00	9.00	0.00	0.00	0.00	0.00	195.00
11	50100ADHB30S -FRAME BODY COMPLETE	87141090	Paid	6,885.59	1	9.00	9.00	0.00	0.00	0.00	0.00	8,125.00
12	50803KST940S -GUARD LEG	87141090	Paid	563.56	1	9.00	9.00	0.00	0.00	0.00	0.00	665.00
13	51410KWA941S -PIPE COMP. FR FORK	87141090	Paid	944.92	2	9.00	9.00	0.00	0.00	0.00	0.00	2,230.00
14	53173KTRA20S -BRACKET RIGHT HANDLE LEVER	87141090	Paid	84.75	1	9.00	9.00	0.00	0.00	0.00	0.00	100.00
15	53200ADH600S -STEM COMPLETE STEERING	87141090	Paid	847.46	1	9.00	9.00	0.00	0.00	0.00	0.00	1,000.00
16	33300AAEB0099S - POSITION LIGHT FRONT	87141090	Paid	817.80	1	9.00	9.00	0.00	0.00	0.00	0.00	965.00
17	3310BAAEB0099S -LIGHT ASSY HEAD	85122010	Paid	529.66	1	9.00	9.00	0.00	0.00	0.00	0.00	625.00
18	61312ADH600S -STAY METER	87141090	Paid	97.46	1	9.00	9.00	0.00	0.00	0.00	0.00	115.00
19	37100ADH60099S -METER ASSY COMB	87141090	Paid	3,161.02	1	9.00	9.00	0.00	0.00	0.00	0.00	3,730.00
20	61100ADH500RS -FENDER COMPLETE FRONT BLACK (TYPE-1)	87141090	Paid	830.51	1	9.00	9.00	0.00	0.00	0.00	0.00	980.00
21	ADHMS6A0050CBGS - VISOR FRONT NH-1(T5)	87141090	Paid	716.10	1	9.00	9.00	0.00	0.00	0.00	0.00	845.00

Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
102032 - ACCIDENTAL LABOUR-SPLENDOR+ XTEC	998729	Paid	3,000.00	9.00	9.00	0.00	0.00	0.00	0.00	3,540.00
Parts Total									0.00	3,540.00
Labour Total										3,540.00
SGST (Parts) 9%										2,469.66
CGST (Parts) 9%										2,469.66
SGST (Labour) 9%										270.00
CGST (Labour) 9%										270.00
Total										35,920.00

Rupees in Words: Thirty Five Thousand Nine Hundred Twenty Only

Authorised Signatory

10515 - 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 GORAKHPUR Jurisdiction Only
- #HeroMotocorp can further contact you via Call, SMS or email for feedback or to give information about New launches.

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.	MAHESH RAO
2	Vehicle No. / वाहन संख्या	UP53FM5987.
3	Policy No. / पालिसी संख्या	252400/31/2026/50268.
4	Period of Insurance / बीमा अवधि	28/10/2025 to 28/10/25.
5	Date of loss & Time / दुर्घटना का दिनांक & समय	16/05/2026 8:00 AM.
6	Place of Accident / दुर्घटना का स्थान	Lohaypurwa, GKA
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	AKSHAY KUMAR YADAV UP5320220012603
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	महेश राव की गाड़ी अक्षय कुमार यादव चला रहा था ओट्टपुटवा के पास सामने से दो पहिया वाहन ने लक्कर मार दिया जिससे गाड़ी दाहिने तरफ गिर कर क्षतिग्रस्त हो गई।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA /
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 8318237680

Date / दिनांक 18/05/26
हस्ताक्षर महेश राव

महेश राव
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. 250400/31/2026/50268

Tel. No. _____

Period of Insurance 28/10/25 to 22/10/26
 Claim No. _____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
 Please answer All relevant questions fully

I. INSURED

- (a) Name : Makeash Rao
 (b) Address for correspondence : Gio Sakhpur
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>2025</u>	Engine No. <u>639196</u> Chassis No. <u>579096</u>	Registration No. <u>UP53FM</u> <u>5987</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 : _____
 (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 : _____

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : AKSHAY KUMAR YADAV
 (b) Age : 28 year
 (c) Address : Gopalpur
 (d) Is the Driver
 1. Owner
 2. paid driver?
 3. Owner's relative or friend? : 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 : UP5220220012603
 (h) Issuing Authority : R.T.O. GIKP
 (i) Date of Expiry : 07/07/2023
 (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 : 16/05/2026 8:00 AM
 (b) Place : Loharpurwa
 (c) Speed of vehicle at the time of accident : 85 kmph
 (d) Give a short description of the accident : गाड़ी से कंट्रोल खोने से
 (e) If any third party was responsible for this accident give the name and address : राजेश कुमार सिंह

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 : 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? : 1
(b) If yes, give full details : _____

9. WITNESS

- (a) Give names and addresses of passengers/other
Witness, if any : NA
(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. : _____ A

10. THEFT

- (a) Date and Time : NA
(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? : _____ A
(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 18/05/26 200

Signature of the insured महेश राव

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 महेश राव
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

Transport Department Gorakhpur RTO

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP53FM5987 Registration Date : 24-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 : MAHESH RAO Son/wife/daughter of : RAMNAIN RAO
 Full Address: (Permanent) : BISHUNPUR, SHIVPUR, KARMAHAHA, GULARIHA . . . GORAKHPUR, UTTAR
 PRADESH-273158
 Full Address: (Temporary) : BISHUNPUR, SHIVPUR, KARMAHAHA, GULARIHA . . . GORAKHPUR-UTTAR
 PRADESH-273158
 Fitness Up To : 23-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 : AA2140308073 Rear HSRP No : AA2142019968
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 06/2025
 No of Cylinders : 1 Chassis No : MBLHAW466SHF57908
 Engine No : HA11F6SHF63918 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ XTEC (DRS) Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 113
 Colour : BLACK SPARKING BLUE Laden/GV Wt (kgs) : 243
 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)
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- 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	: 22-Oct-2025	Sale Amt	: 77982/-
OTT Date	: 22-Oct-2025	Amount/Rcpt No	: 7799 / UP53D25100012523
vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 24-Jan-2026		

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 24-Oct-2025 to 23-Oct-2040

Date : 29-Jan-2026 18:30:18
 Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 मोट
 Date : 29-Jan-2026

महेश राव

Q 7459416

29-01-2026 18:30:18

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT (GSTIN: 09AAACT06270421)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS (4 Year))	Policy Issued On	23-OCT-25
Policy No	252400 312026/50268	Proposal No. & Date	P/252400/312026/106170667/6 & 23-OCT-2025
Agent/Broker Code	BA0060155144	Policy Period (OWN DAMAGE)	FROM 13.01 ON 23/10/2025 TO MIDNIGHT ON 22/10/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 13.01 ON 23/10/2025 TO MIDNIGHT ON 22/10/2026
Insured Name	MAHESH PAO (GSTIN:)	Insured State	UTTAR PRADESH
Insured Address	C/O RAMNAIN RAO, R/O BISHUNPUR SHIVPUR KARMAHAVA GULARIHA, GORAKHPUR, N.A.D		

INSURED MOTOR VEHICLE DETAILS	
Make	HERO MOTOCORP
Model & Variant	HERO SPLENDOR PLUS XTECH E20
Registration No	NEW
Year Of Manufacture	2025
Engine - Chassis No	HA11F6SHF63918 - VBLHAW465HF57908
Cubic Capacity	160
Seating Capacity	1 + 1
Type Of Body	SOLD
Type Of Fuel	PETROL
RTO Location	

INSURED DECLARED VALUE (IDV) (In Rs.)	
Vehicle	74983
Electrical Accessories	0
Non Electrical Accessories	0
Total IDV	74983
TMF CONTRACT NO	
Policy Type	Zone B - Rest of India
Geographical Area	

OWN DAMAGE SECTION (A)		LIABILITY SECTION (B)	
Vehicle	1241.63	Basic Third Party Liability	3851
Electrical Accessories	0	Compulsory PA Cover Premium	0
Non-Electrical Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	185.63	Legal Liability (WC) to driver (IMT-28)	0
Geographical Area Extn (IMT-1)	0	Legal Liability to Employees (IMT-29)	NA
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
Voluntary Deductibles (IMT 22A)	0	PA Paid Driver, Conductor, Cleaner-GR36B	3851
Auto-Header Policy (IMT-10)	0	Net Liability Premium (B)	4637
Auto Membership (IMT-5)	0	Total Premium (A+E)	726
No Claim Bonus	0	GST	0
Discount for vehicle designed for handicapped	0	SERVICE TAX	0.76
SIP Discount	0	STAMP DUTY	0
Sub-Total Deductibles	0	Swachh Bharat Cess@0.50%	0
Net Depreciation	0	Krishni Kalyan Cess@0.50%	4763
Return to Invoice	0	Gross Premium Paid	
Key Replacement	0		
Consumables	0		
Sub-Total Add-on Coverages	186		
Net own Damage Premium (A)			

- 1. Policy Issuance is subject to the realization of direct tax
- 2. Consolidated Stamp Duty paid via Challan No
- 3. The Policy is subject to a compulsory Deductible of Rs (0) (IMT-22)
- 4. Voluntary Accid 25(B)
- 5. Subject to Endorsements MAT 7.10 28.

Payment Details:	Payment Method	Cheque No./Transaction No.	Bank Name	Amount
Financer Type	Financer Name	Cash	Financer Branch	
POS Name	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 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 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 disbursement 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.

We hereby certify that the policy to which this 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 23-OCT-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 is only to comply with the MVA Act, 1988 is recoverable from the insured see the clause head-d "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 baggage) (3) Organised racing (4) Pace Making (5) Speed testing (6) Reliability 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 2 of the Central Motor Vehicles Rules, 1989.

Limits of Liability Clause: Under section II-1 (i) of the policy - Death or of body injury. Such amount is necessary to meet the requirement 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 II for Driver-Driver is RS 0.

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 year.

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: VAIS@252400
Approved On: 23-OCT-25
Place: MBT
Printed On: 23-OCT-25

General Manager
Authorized Signature

महेश राव

DL No: UP53 20220012603

UPDL 00000842 1001



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	UP53	07-06-2022	NT				
LMV	UP53	07-06-2022	NT				
MVSD							

Emergency Contact Number

Licensing Authority
UP53 GORAKHPUR

Form 7 Rule 16(3)



Indian Union Driving Licence Issued by Uttar Pradesh

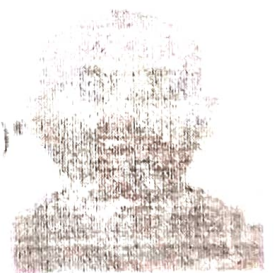


UP53 20220012603

Issue Date
07-06-2022

Validity (NT)
07-07-2043

Validity (TR)*



Holder's Signature

Name:

AKCHHAY KUMAR YADAV

Date of Birth: 08-07-2003

Blood Group:

Organ Donor: N

Son/Daughter/Wife of: VIRENDAR KUMAR YADAV

Address:

VILLAGE- LOHARPURWA POST- HANUMAN NAGAR,
PS-CAMPIERGANJ Gorakhpur, UP 273158

(67.06.2022)



भारत सरकार
Government of India



महेश राव
Mahesh Rao
जन्म तिथि / DOB : 01/01/1982
पुरुष / Male



5188 2161 3878

आधार - आम आदमी का अधिकार



आधार

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:

आत्मज: रामनैन राव, बिशुनपुर,
शिवपुर करमहवा, गुलरिहा, गोरखपुर,
कैम्पियरगंज, उत्तर प्रदेश, 273158

Address:

S/O: Ramnain Rao, bishunpur,
shivpur karmahava, Gulariha,
Gorakhpur, Campierganj, Uttar
Pradesh, 273158

5188 2161 3878



1847
1800 300 1847



help@uidai.gov.in

WWW

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महेश राव

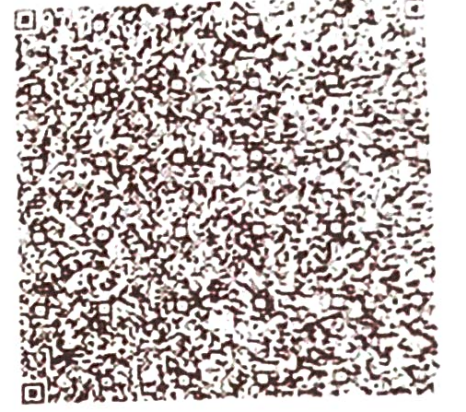
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
ASWPR2047J



नाम / Name
MAHESH RAO

पिता का नाम / Father's Name
RAMANAYAN DHANAI

जन्म की तारीख /
Date of Birth
01/01/1982

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हस्ताक्षर / Signature

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