

**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-0626-215  
 Customer Name TEJ NARAYAN  
 VIN MBLJAW172M9J05110  
 Insurance Company  
 HMCGL Card No  
 Part Details

Date 14-06-2026  
 Contact No. 7317395960  
 Model SUPER SPLENDOR  
 Reg No. UP31BW0154  
 HMCGL Card Category

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	3310BAAGA0099S -LIGHT ASSY HEAD	85122010	Paid	563.56	1	9.00	9.00	0.00	0.00	0.00	0.00	665.00
2	61300AAGJ00US -COWL FRONT BL(BR)-013M(G)	87141090	Paid	728.81	1	9.00	9.00	0.00	0.00	0.00	0.00	860.00
3	64100KTCHA0S -WIND SCREEN	87141090	Paid	233.05	1	9.00	9.00	0.00	0.00	0.00	0.00	275.00
4	61303AAGA00S -FRONT COWL CHROME	87141090	Paid	161.02	1	9.00	9.00	0.00	0.00	0.00	0.00	190.00
5	83402AAG300S -PANEL INNER	87141090	Paid	194.92	1	9.00	9.00	0.00	0.00	0.00	0.00	230.00
6	53100KTC900S -PIPE STRG.HANDLE	87141090	Paid	411.02	1	9.00	9.00	0.00	0.00	0.00	0.00	485.00
7	53200KTCA20S -STEM COMP STRG	87141090	Paid	1,317.80	1	9.00	9.00	0.00	0.00	0.00	0.00	1,555.00
8	88120AANH01ZAS -MIRROR ASSEMBLY LEFT BACK(BLACK NH-1)	70091090	Paid	224.58	1	9.00	9.00	0.00	0.00	0.00	0.00	265.00
9	51410KTC901S -PIPE COMP.FR.FORK	87141090	Paid	919.49	2	9.00	9.00	0.00	0.00	0.00	0.00	2,170.00
10	50803KTC900S -GUARD LEG	87141090	Paid	622.88	1	9.00	9.00	0.00	0.00	0.00	0.00	735.00
11	24701KTC900S -PEDAL GEAR CHANGE	87141090	Paid	148.31	1	9.00	9.00	0.00	0.00	0.00	0.00	175.00
12	37100AAG30099S -METER ASSY COMB	87141090	Paid	1,622.88	1	9.00	9.00	0.00	0.00	0.00	0.00	1,915.00
13	35010AAGA0099S -KIT, LOCKS & KEYS	83012000	Paid	1,059.32	1	9.00	9.00	0.00	0.00	0.00	0.00	1,250.00
14	3345BAAF40099S -WINKERS FR L(W/O BULB)	85122010	Paid	135.59	1	9.00	9.00	0.00	0.00	0.00	0.00	160.00
15	3340AKTCA21S -WINKER ASSY R FR(W/O BULB)	85122010	Paid	165.25	1	9.00	9.00	0.00	0.00	0.00	0.00	195.00
16	33702AAGA0099S -UNIT TAIL LIGHT	85129000	Paid	322.03	1	9.00	9.00	0.00	0.00	0.00	0.00	380.00
17	53178AAFH00S -LEVER COMP.L STRG.HNDL.	87141090	Paid	76.27	1	9.00	9.00	0.00	0.00	0.00	0.00	90.00
<b>Parts Total</b>											0.00	11,595.00

**Labour Details**

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SUPER SPLENDOR	998729	Paid	1,272.00	9.00	9.00	0.00	0.00	0.00	0.00	1,500.90	
<b>Jobs Total</b>											0.00	1,500.90

**Parts Total** 11,595.00  
**Labour Total** 1,500.90

CGST (Parts) 9%	884.36
SGST (Labour) 9%	114.48
CGST (Labour) 9%	114.48
<b>Total</b>	<b>13,095.96</b>

Rupees in Words: Thirteen Thousand Ninety Five and paise Ninety Six 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
- All disputes subject to jurisdiction of CTTY Jurisdiction Only
- HeroMotocorp can further contact you via Call, SMS or email for feedback or to give information about New launches.

10730 - Main W/S

To / सेवा में,  
The Oriental Insurance Co Ltd /  
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

MEERUT.

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.	TEJ NARAYAN, 9919168644
2	Vehicle No. / वाहन संख्या	UP31 BW 0154
3	Policy No. / पालिसी संख्या	MS/2026/7001/0/46575/572255
4	Period of Insurance / बीमा अवधि	17/04/2026 To - 16/4/2027
5	Date of loss & Time / दुर्घटना का दिनांक & समय	12/06/2026 7:15pm
6	Place of Accident / दुर्घटना का स्थान	कलुम्पुट की पुलिया के पास
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	PRA SHANI PATEL. UP31 20240010014
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	लखीमपुट से अपर जाते कालाडुण जा रहे थे की तभी अचानक कलुम्पुट की पुलिया के पास आबारा सांस (पुरु) अचानक सामने आ गया जिससे मेरी टक्कर ल गई और मेरी गाड़ी लगी और गिर गयी जिससे मेरी गाड़ी 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 / फ़ोन नं.	MOSARAM AUTO SALES 9151154036 L.R.P Road Lakhimpur Kheri

Date / दिनांक : 13/06/2026  
हस्ताक्षर

तेज नारायण  
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. MS/2026/7001/0/46575/57

Tel. No.

Period of Insurance 17/04/2026 से 16/04/2027 <sup>2255</sup>  
 Claim No. 16/04/2027

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 : TEJ NARAYAN.  
 (b) Address for correspondence : KALADUND, LAKESAR, LOKE SOR, PHARDHAN KHERI  
 (c) Telephone : 9919618644.

2. THE INSURED VEHICLE

Make & Year <u>HERO/2022</u>	Engine No. <u>JA07ABM 9J11093.</u> Chassis No. <u>MBLJAW172M9J05110.</u>	Registration No. <u>UP31 BW 0154.</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 : \_\_\_\_\_
- /N/A.

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : PRASHANT PATEL  
 (b) Age : 05-9-1998  
 (c) Address : KALA DOND POST LAKESAR KHERI  
 (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 : UP31 2024 0010014  
 (h) Issuing Authority : 22/08/2024  
 (i) Date of Expiry : 4/09/2038  
 (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 : 12/06/2026  
 (b) Place : कलंडोण्ड के पास पुलिस  
 (c) Speed of vehicle at the time of accident : 30-40 kmh  
 (d) Give a short description of the accident : कलंडोण्ड के पास पुलिस के पास आवाजापुत्र अचानक  
 (e) If any third party was responsible for this accident give the name and address : माता अजीय जीव जीव जीव दवात एल जे अल  
 श्री जीव शिवजीव एल जे

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front and left  
 (b) Estimated cost of repairs : NO  
 (c) When and where can the damaged vehicle be inspected : MOSA RAM AUTO SALES, R.P.P. Road Lakimpur Kheri, UP

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 : N/A

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? : N/A
- (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 13/06/2026 200

Signature of the insured तज-राम

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. UP31BW0154 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 तेज कश्यप  
Occupation .....  
Address .....

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



# GOVERNMENT OF UTTAR PRADESH

## Transport Department LAKHIMPUR KHERI

### FORM 23

### CERTIFICATE OF REGISTRATION

Registration No : UP31BW0154 Registration Date : 25-Apr-2022  
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW  
 Dealer's Name & Address : MUSA RAM AUTO SALES, L R P ROAD, LAKHIMPUR KHERI, ...  
 Owner Name : TEJ NARAYAN Son/wife/daughter of : SRI MOOL CHAND  
 Full Address: (Permanent) : R/O GRAAM KALADUND, LAKESAR, LOKESOR, PS-PHARDHAN, KHERI, UTTAR  
 PRADESH-262701

Full Address: (Temporary) : R/O GRAAM KALADUND, LAKESAR, LOKESOR, PS-PHARDHAN, KHERI-UTTAR  
 PRADESH-262701

Fitness Up To : 24-Apr-2037 Tax Up To : One Time

Owner Serial No : 1

#### Detailed Description

Class of Vehicle	: M-CYCLE/SCOOTER	Link Vehicle No	:	Norms	: BHARAT STAGE VI
Ownership	: INDIVIDUAL	Rear HSRP No	:	AA2053337716	
Maker's Name	: HERO MOTOCORP LTD	Month/Year of Manuf.	:	09/2021	
Front HSRP No	: AA2051867309	Chassis No	:	MBLJAW172M9J05110	
Type of Body	: SOLO WITH PILLION	Fuel	:	PETROL	
No of Cylinders	: 1	Cubic Capacity	:	124.70	
Engine No	: JA07ABM9J11093	Wheel base	:	1273	
Horse Power(BHP)	: 10.72	Standing Cap	:	0	
Maker's Classification	: SUPER SPLENDOR-DRUM- SELF-CAST	Unladen Wt (kgs)	:	122	
Seating Cap(in all)	: 2	Laden/GV Wt (kgs)	:	252	
Sleeper Cap	: 0	AC Fitted	:	NO	
Colour	: HEAVY GREY				
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)
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	: 18-Apr-2022	Sale Amt	: 74025/-
OTT Date	: 18-Apr-2022	Amount/Rept No	: 7403 / UP31D22040003895
TaxUpTo	: One Time	Vehicle Is Gov	: PRIVATE
Tax Exempted or Not	: NOT EXEMPTED	Date of Appro.	: 27-Apr-2022
Other State/Transfer/Conversion Details		Previous Regno	
Previous Owner		Entry Date	
Old State		Conversion Date	
Transfer Date			

This certificate is valid from 25-Apr-2022 to 24-Apr-2037

Date: 23-May-2022 09:43:46

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
 Date: 23-May-2022

Package Contract No.: MS/2026/7001/O/46575/572255

Motorsathi Care Private Limited  
D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004) India  
Contact us at:  
Phone: +91 79410 50643  
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	
TEJ NARAYAN	1969-01-01	7317395960	SRI MOOL CHAND	Hero Motocorp	SUPER SPLENDOR	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
DRUM SELF CAST E20	UP31BW0154	JA07ABM9J11093	MBLJAW172M9J05110	2022-04-25	125	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/BI-Fuel ADV	Total ADV	
40000.00	NA	0.00	0.00	0.00	40000.00	
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	1456.29	
Address			City / District	Pin Code	State	
B-02 GRAAM KAL ADUND, LAKESAR, LOKESOR, PS-PHARDHAN, KHERI, UTTAR PRADESH				262701	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
ASHISH PATEL	Male	31 Years	SON	2026-04-17 16:29	Midnight of 2027-04-16	

Section A, VRC: 655.96 TCR: 519.20 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 1175.16

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: 238.25 AHDC, DOC &amp; Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 42.88 Total with GST(D): 281.13

Total(Section A+C+D) Offered Price After Discount: 1456

Package Period Covered	2026-04-17 To 2027-04-16	2027-04-17 To 2028-04-16	2028-04-17 To 2029-04-16	2029-04-17 To 2030-04-16	2030-04-17 To 2031-04-16
ADV	40000	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 2027-04-17 (DETAILS ARE 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 Company's accountability in respect of any one request or series of requests arising out of one event: Up to Rs - 100000/- 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 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 1lakh, the accountability shall 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 Customer Care / Toll Free 1800-101-1010  
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 of conditions. The coverage is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions\* of the courts at Meerut.

Received with Thanks Rs 1456.29 ON 2026-04-17 from Mr./Ms. TEJ NARAYAN against the ARN No. INCP00572255  
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: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India

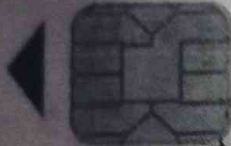




**Indian Union Driving Licence  
Issued by Uttar Pradesh**

UP

**UP31 20240010014**



Issue Date    Validity (NT)    Validity(TR)\*  
22-08-2024    04-09-2038



Holder's Signature

Name:

**PRASHANT PATEL**

Date of Birth:

~~05-08-1998~~

Blood Group: **O+ VE**

Organ Donor:

**Y**

Son/Daughter/Wife of:

**SANJEET KUMAR**

Address:

**GRAM KALA DUND POST LAKESAR KHERI  
LAKHIMPUR LAKHIMPUR KHERI UTTAR PRADESH  
262701**

Date of First Issue 22-08-2024

DL No: **UP31 20240010014**

UPDL000014009119



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	22-08-2024	NT			
	LMV	UP31	22-08-2024	NT			
MVSD							

Emergency Contact Number  
**6387900546**

Licensing Authority  
**UP31 LAKHIMPUR KHERI**

Form 7 Rule 16(2)



भारत सरकार

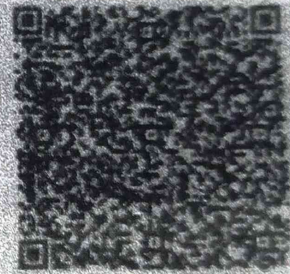
Government of India

तेज नारायण

Tej Narayan

जन्म तिथि / DOB : 01/01/1969

पुरुष / Male



9301 1627 1516

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:

संबोधित: मूल चंद, ग्राम कालादुन्द,  
लकेसर, खीरी, लोकेसोर, उत्तर प्रदेश,  
262701

Address:

S/O: Mool Chand, graam  
kaladund, Lakesar, Kheri,  
Lokesor, Uttar Pradesh, 262701

9301 1627 1516

1847  
1800 300 1347



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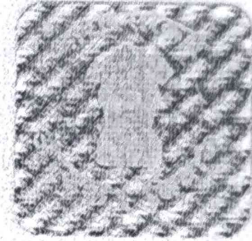
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INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card



**ADIPV1944M**

नाम/ Name  
TEJ NARAYAN

पिता का नाम/ Father's Name  
MOOL CHAND

जन्म की तारीख/ Date of Birth  
01/01/1969

तेज नारायण

हस्ताक्षर/ Signature



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तेज नारायण