

**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.

MOSARAM AUTO SALES

**ESTIMATE**

ESTIMATE

Estimate No. 10730-03-REST-1225-717 Date: 24-12-2025  
 Customer Name SUSHMA DEVI Contact No. 7317741252  
 VIN MBLJAW170L9C08074 Model SUPER SPLENDOR  
 Insurance Company Reg No. UP31BL9167  
 HMCGL Card No 1073020830003356 HMCGL Card Category Gold

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	61300AAG100RS -FRONT COWL(NH-1 (TYPE-1))	87141090	Paid	1,214.4	1	9.00	9.00	0.00	0.00	0.00	0.00	1,433.00
2	6410AAAG300S -WIND SCREEN SUB ASSY	87141090	Paid	288.98	1	9.00	9.00	0.00	0.00	0.00	0.00	341.00
3	61303AAGA00S -FRONT COWL CHROME	87141090	Paid	144.07	1	9.00	9.00	0.00	0.00	0.00	0.00	170.00
4	3310AAAGH20S -LIGHT ASSY HEAD(W/O BULB)	85122010	Paid	521.19	1	9.00	9.00	0.00	0.00	0.00	0.00	615.00
5	50803KTC900S -GUARD LEG	87141090	Paid	573.73	1	9.00	9.00	0.00	0.00	0.00	0.00	677.00
6	88110AANH01ZAS - MIRROR ASSEMBLY RIGHT BACK (BLACK NH-1)	70091090	Paid	203.39	1	9.00	9.00	0.00	0.00	0.00	0.00	240.00
7	61000AAGA00RS -FRONT FENDER NH-1	87141090	Paid	921.19	1	9.00	9.00	0.00	0.00	0.00	0.00	1,087.00
8	53200KTCA20S -STEM COMP STRG	87141090	Paid	1,175.4	1	9.00	9.00	0.00	0.00	0.00	0.00	1,387.00
9	51410KTC901S -PIPE COMP.FR.FORK	87141090	Paid	859.32	2	9.00	9.00	0.00	0.00	0.00	0.00	2,028.00
<b>Parts Total</b>											0.00	<b>7,978.00</b>

**Labour Details**

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SUPER SPLENDOR	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>

<b>Parts Total</b>	<b>7,978.00</b>
<b>Labour Total</b>	<b>2,000.10</b>
SGST (Parts) 9%	608.49
CGST (Parts) 9%	608.49
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
<b>Total</b>	<b>9,978.10</b>

Rupees in Words: Nine Thousand Nine Hundred Seventy Eight and paise Ten 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

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.	सुपमा देवी : 7317741252
2	Vehicle No. / वाहन संख्या	UP31 BL 9167
3	Policy No. / पालिसी संख्या	MS/2024/7001/0/46515/391787
4	Period of Insurance / बीमा अवधि	29/12/2024 से 28/12/2025
5	Date of loss & Time / दुर्घटना का दिनांक & समय	17/12/2025 10:14
6	Place of Accident / दुर्घटना का स्थान	गौरिया तक्रिया के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	राम चन्द्र, UP31 20150006374 9936932506
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	गौरिया तक्रिया के पास रामने से छुल्ले से टक्कर हो गई जिससे मेरी गाड़ी दाईं ओर भरेकर सातिसस्त हो गई।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	N/A
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	MOSARAM AUTO SALES, LRPRD LAKHIMPUR KHERT, 9151154036

Date / दिनांक : 19/12/2025  
हस्ताक्षर

सुपमा देवी

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/2024/700110/46575/391

Tel. No.

Period of Insurance 29/12/24 से 28/12/25  
787

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 : SUSHMA DEVI  
 (b) Address for correspondence : VII/2 PO- BANWARIA, PS-LAKHIMPUR KHERI  
 (c) Telephone : 73774152

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2020</u>	Engine No. <u>JAT01BL9C38136</u> Chassis No. <u>MBL1AJ1T0L9C08074</u>	Registration No. <u>UP31 BL</u> <u>967</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?  
 (c) Was trailer attached?  
 (d) If a Motor Cycle/scooter  
 1. Was a side-car attached  
 2. Was a pillion rider carried
- N/A

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 : Ram Chandra  
 (b) Age : 02/05/1987  
 (c) Address : 011 MALIKPUR PS-LAKHANABEHJAM,  
LAKHTIMPUR KHERI  
 (d) Is the Driver  
 1. Owner : NO  
 2. paid driver? : NO  
 3. Owner's relative or friend? : BHAI  
 (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 20150006374  
 (h) Issuing Authority : 23/06/2015  
 (i) Date of Expiry : 22/06/2035  
 (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 : 17/12/2025 10:14am.  
 (b) Place : गोरिया तोकिया के पास  
 (c) Speed of vehicle at the time of accident : 30-40  
 (d) Give a short description of the accident : गोरिया तोकिया के पास सामने से छूले से टक्कर हो गई  
 (e) If any third party was responsible for this accident give the name and address : जिससे मेरी गाड़ी टाई और गेवर्क सतिमस्त हो गई।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND RIGHT  
 (b) Estimated cost of repairs : \_\_\_\_\_  
 (c) When and where can the damaged vehicle be inspected : MOSARRAM AUTO SALES, LRP ROAD  
LAKHTIMPUR-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? : NO  
(b) If yes, give full details : NO

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? : N/A  
(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 19/12/ 2005

Signature of the insured सुषमा देवी

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. CD31B19167 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 सुपमा देवी  
Occupation .....  
Address .....

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

FORM 60

[See third provision to of Rule 114B]

Form of Declaration to be filled by a person who does not have either permanent account number of general index Register Number and who makes payment in respect of transaction specified in clauses (c) to (f) of rule 114B of the income Tax Act, 1962.

1. Full Name and Address of the declarant SUSHMA DEVI C/O RAMSINGH  
MALIKPUR, PO-LAKAHA, SUB DISTRICT- LAKHIMPUR, DISTRICT  
KHERI, STATE- UTTAR PRADESH PIN CODE- 261501

2. Particulars of transaction

Account Type ..... Number .....

3. Amount of the transaction Rs. ....

4. Are you assessed to tax? Yes / No

5. If yes,

- i) Details of Ward / Circle / Range where the last return of income was filed.
- ii) Reasons for not having permanent account number / General Index Register Number

6. Details of document being produced in support of address in column (1)

Verification

I, ..... do hereby declare that what is stated above is true to the best of my knowledge and belief.

Date 19/12/2025

Place KHERI

सुषमा देवी  
Signature of the declarant


**Instructions:** Documents which can be produced in support of the address are:

- (a) Ration Card
- (b) Passport
- (c) Driving License
- (d) Identity Card issued by any institution
- (e) Copy of Electricity bill or Telephone bill showing residential address.
- (f) Any document of communication issued by authority of Central Government or local bodies showing residential address.
- (g) Any other documentary evidence in support of his address given in the declaration.

**Note:** Amendment with effect from 1<sup>st</sup> November, 1998 as per Income Tax Act, 1962 Rule 114 B: para (c) A time deposit exceeding Rs. 50,000/- with a banking company : para (f) opening an account with a Banking Company.

## Program Proposal Two-Wheeler Package Contract - Bundled

MOTORSATHI

Package Contract No.: MS/2024/7001/O/46575/391787					
<b>Motorsathi Care Private Limited</b> 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					
<b>Name of Certificate Holder</b>	<b>Date of Birth</b>	<b>Mobile No.</b>	<b>Father/Husband Name</b>	<b>Make</b>	<b>Model</b>
SUSHMA DEVI	1997-06-10	7317741252	D/O SATYA PRAKASH	Hero Motocorp	SUPER SPLENDOR
<b>Sub Model</b>	<b>Vehicle Regn. No.</b>	<b>Engine No.</b>	<b>Chassis No.</b>	<b>Year of Mfg</b>	<b>Cubic Capacity</b> <b>Vehicle Type</b>
DRUM SELF CAST E20	UP31BL9167	JA07ABL9C18136	MBLJAW170L9C08074	2020-05-18	125   TW
<b>Asset Declared Value (ADV)</b>	<b>Side Car ADV</b>	<b>Non-Electrical Accessories ADV</b>	<b>Electrical Accessories ADV</b>	<b>CNG/LPG/Bi-Fuel ADV</b>	<b>Total ADV</b>
55500.00	NA	0.00	0.00	0.00	35500.00
<b>Place of Regn.</b>	<b>Body Type</b>	<b>HP/Lease/Hire-Purchase Agreement</b>	<b>Branch Office of HP/Lease/Hire-Purchase</b>	<b>Seating Capacity</b>	<b>Offered Payment (incl. GST)</b>
	Solo			2	1530.92
<b>Address</b>			<b>City / District</b>	<b>Pin Code</b>	<b>State</b>
VILL PO-BANJARIYA, PS-LAKHIMPUR, KHERI				262701	Uttar Pradesh
<b>Nominee Name</b>	<b>Nominee Gender</b>	<b>Nominee Age</b>	<b>Nominee Relation</b>	<b>Package Start Date</b>	<b>Package End Date</b>
SATYA PRAKASH	Female	50 Years	FATHER	2024-12-29 12:19	Midnight of 2025-12-28
Section A, VRC: 285.86 TCR: 460.79 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 <b>Total with GST(A)</b> 746.65					
Section B, EC: 0.00 EC Service: 0.00 ECPD: 0.00 <b>Sub Total:</b> 0.00 TAC: 0.00 ENC: 0.00 EDC: 0.00 MCPD: 0.00 <b>Total(B):</b> 0.00 <b>GST (CGST @9% + SGST @9%) (B):</b> 0.00 <b>Total with GST(B):</b> 0.00					
Section C, MS Services(O): 374.58 MS Services(D): 0.00 MS Services(P): 0.00 <b>GST (CGST @9% + SGST @9%):</b> 67.42 <b>Total MS Services with GST(C):</b> 442.00					
Section D, Drive Assure: 290.06 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 <b>GST (CGST @9% + SGST @9%):</b> 52.21 <b>Total with GST(D):</b> 342.27					
<b>Total(Section A+B+C+D) Offered Price After Discount:</b> 1531					
<b>Package Period Covered</b>	2024-12-29 To 2025-12-28	2025-12-29 To 2026-12-28	2026-12-29 To 2027-12-28	2027-12-29 To 2028-12-28	2028-12-29 To 2029-12-28
ADV	35500	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 2025-05-12 (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 Rental (b) Carriage of goods or other than domestic or personal luggage (c) Organized Racing (d) Pace Making (e) Speed Testing (f) Reliability Trials (g) Any purpose in connection with Motor Trials.					
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/ 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 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 Customer Care / Toll Free Phone No.:7941050643 email id: info@motorsathi.com					
	<b>IMPORTANT NOTICE:</b> The coverage is not indemnified if the vehicle is used or driven otherwise than in accordance with this Schedule 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 jurisdiction of the courts at Aligarh.				



#: Received with Thanks Rs 1530.91 ON 2024-12-29 from Mr./Ms. SUSHMA DEVI against the ARN No. INCP00391787  
 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



# GOVERNMENT OF UTTAR PRADESH

Transport Department Lakhimpur Kheri

FORM 23

## CERTIFICATE OF REGISTRATION



Registration No : UP31BL9167 Registration Date : 18-May-2020  
 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 : SUSHMA DEVI Son/wife/daughter of : D/O SATYA PRAKASH  
 Full Address: (Permanent) : VILL & PO- BANJARIYA, VILL & PO- BANJARIYA, PS- LAKHIMPUR, KHERI, UTTAR  
 PRADESH-262701  
 Full Address: (Temporary) : VILL & PO- BANJARIYA, VILL & PO- BANJARIYA, PS- LAKHIMPUR, KHERI-UTTAR  
 PRADESH-262701

Fitness UpTo : 17-May-2035 Tax UpTo : One Time  
 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 : AA2013922736 Rear HSRP No : AA2014219742  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 03/2020  
 No of Cylinders : 1 Chassis No : MBLJAW170L9C08074  
 Engine No : JA07ABL9C18136 Fuel : PETROL  
 Horse Power(BHP) : 10.72 Cubic Capacity : 124.70  
 Maker's Classification : SUPER SPLENDOR-DRUM-S Wheel base : 1273  
 ELF-CAST  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleeper Cap : 0 Unladen Wt (kgs) : 122  
 Colour : BLACK Laden/GV Wt (kgs) : 252  
 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 : 13-May-2020 Sale Amt : 68474/-  
 OTT Date : 13-May-2020 Amount/Rcpt No : 6848 / UP31D20050000234  
 TaxUpTo : One Time Vehicle is Govt/ Pvt. : PRIVATE  
 Tax Exempted or Not : NOT EXEMPTED Date of Approval : 18-May-2020

### Other State/Transfer/Conversion Details

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

This certificate is valid from 18-May-2020 to 17-May-2035

Date : 16-Jul-2020 16:02:45

Taxation Particulars / Advance Registration Mark Fee Details

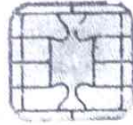
पंजीयन अधिकारी  
 Signature of Registering Authority  
 Date : 16-Jul-2020

K 2088460

UNION OF INDIA Driving Licence

UP NT

UP31 20150006374



जारी करने की तिथि  
Date of Issue  
23/06/2015

वैधता / Validity  
22/06/2035

जन्म तिथि  
Date of Birth  
02/05/1987

Blood Group  
Unknown



नाम / Name

RAM CHANDRA


पिता/पति का नाम / Son/Daughter/Wife of


VIJAY PAL

रामचन्द्र

9936932506

UP31 20150006374 UP02731541MT

  
 LMV  
 23/06/2015

  
 M.CWG  
 23/06/2015

पता / Address  
 VILL MALIKPUR  
 POST LAKHAHA BEHJAM  
 LAKHIMPUR KHERI -

Holder's Signature जारीकर्ता / Issuing Authority Sign  
LAKHIMPUR KHERI

UP  
Form 7 Rule 16(2)



भारत सरकार  
Government of India

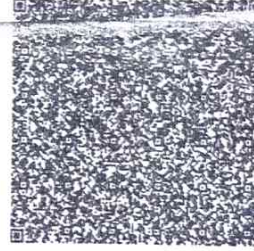
भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

नामांकन क्रमांक / Enrollment No.: 0648/00718/53547

To  
सुषमा देवी  
Sushma Devi  
C/O: Ramsingh,  
Malikpur,  
VTC: Lakhaha,  
PO: Lakhaha,  
Sub District: Lakhimpur, District: Kheri,  
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आपका आधार क्रमांक / Your Aadhaar No. :

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मेरा आधार, मेरी पहचान



भारत सरकार  
Government of India



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सुषमा देवी  
Sushma Devi  
जन्म तिथि / DOB : 10/06/1997  
महिला / Female

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मेरा आधार, मेरी पहचान