

**ADITYA MOTORS**

HATA ROAD, GAURI BAZAR, GAURI BAZAR, DEORIA, 274202, UP, India

State Code: 9 Contact: 7651881414, , ,

GSTIN No: 09CTBPM8181N1ZY

Authorized Representative of Dealer: Hero MotoCorp Ltd.

**ESTIMATE**

Estimate No.	66913-03-REST-0326-158	Date	13-03-2026
Customer Name	RAMKESH VISHWKARMA	Contact No.	9795199895
VIN	MBLHAW480SHE12851	Model	SPLENDOR +
Insurance Company		Reg No.	UP53FJ6569
HMCGL Card No	1051526500000644	HMCGL Card Category	Gold

Part Details

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	33100AAEC1099S -LIGHT ASSEMBLY HEAD	85122010	Paid	453.39	1	9.00	9.00	0.00	0.00	0.00	0.00	535.00
2	83402AAE710S -PANEL INNER	87141090	Paid	236.44	1	9.00	9.00	0.00	0.00	0.00	0.00	279.00
3	ADHMS6A0030BBGS -VISOR FRONT NH-1(T2)	87141090	Paid	831.36	1	9.00	9.00	0.00	0.00	0.00	0.00	981.00
4	33450KCC710S -WINKER ASSY L FR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
5	3365AKCC710S -WINKER ASSY L RR (W/O BULB)	85122010	Paid	173.73	1	9.00	9.00	0.00	0.00	0.00	0.00	205.00
6	53178AAFH00S -LEVER COMP.L STRG.HNDL.	87141090	Paid	71.19	1	9.00	9.00	0.00	0.00	0.00	0.00	84.00
7	53166KTC900S -GRIP L HANDLE	87141090	Paid	42.37	1	9.00	9.00	0.00	0.00	0.00	0.00	50.00
8	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
9	61100KST940ZAS -FENDER COMPLETE.FRONT NH-1	87141090	Paid	671.19	1	9.00	9.00	0.00	0.00	0.00	0.00	792.00
10	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
11	53230KCC900S -BRIDGE COMP.FORK TOP	87141090	Paid	199.15	1	9.00	9.00	0.00	0.00	0.00	0.00	235.00
12	53200AAE300S -STEM COMP STRG	87141090	Paid	741.53	1	9.00	9.00	0.00	0.00	0.00	0.00	875.00
13	51400KSTA11S -FORK ASSY R FR	87141090	Paid	1,991.53	1	9.00	9.00	0.00	0.00	0.00	0.00	2,350.00
14	51500KSTA11S -FORK ASSY L FR	87141090	Paid	1,991.53	1	9.00	9.00	0.00	0.00	0.00	0.00	2,350.00
15	K44446AAED230S -KIT WHEEL COMP FRONT	87141090	Paid	3,905.93	1	9.00	9.00	0.00	0.00	0.00	0.00	4,609.00
16	37100ADHB3099S -METER ASSEMBLY COMB	87141090	Paid	1,288.98	1	9.00	9.00	0.00	0.00	0.00	0.00	1,521.00
17	81200AAD300S -CARRIER REAR.	87141090	Paid	765.25	1	9.00	9.00	0.00	0.00	0.00	0.00	903.00
Parts Total											0.00	17,071.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR +	998729	Paid	850.00	9.00	9.00	0.00	0.00	0.00	0.00	1,003.00	
Jobs Total											0.00	1,003.00

Parts Total	17,071.00
Labour Total	1,003.00
SGST (Parts) 9%	1,302.03

SGST (Labour) 9%	76.50
CGST (Labour) 9%	76.50
<b>Total</b>	<b>18,074.00</b>

Rupees in Words: Eighteen Thousand Seventy Four 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
8. All disputes subject to jurisdiction of DEORIA Jurisdiction Only

66913 - Main W/S

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.	Ramkesh Vishwakarma 7310351735
2	Vehicle No. / वाहन संख्या	UP53FJ6569
3	Policy No. / पालिसी संख्या	252400/31/1926/21959
4	Period of Insurance / बीमा अवधि	11/06/2025 - 10/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	10-03-2026 03:00 pm.
6	Place of Accident / दुर्घटना का स्थान	गोरखनाथ, गोरखपुर
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Ramkesh Vishwakarma UP5320034235501, 7310351735
8	Estimated Loss / अनुमानित हानि	18074/-
09.	Cause of Accident / दुर्घटना का कारण : मैं रामकेश विश्वकर्मा अपनी गाड़ी गाड़ी चलाते अपने घर से गोरखपुर किसी कार्य वश जा रहे थे तभी गोरखनाथ में सामने से अचानक वाइक आ गयी जिससे सामने गाड़ी अडकत वाघे साइड स्ट्रिक क्षतिग्रस्त हो गई।	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Aditya Motors Hata Road Gauri Bazar 8948395612

Date / दिनांक : 13 / 03 / 2026  
हस्ताक्षर



— रामकेश  
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. 252400/31/2026/21959

Tel. No. \_\_\_\_\_

Period of Insurance 11/06/2028 - 10/06/2026  
 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 : Ramkesh Vishwakarma  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : \_\_\_\_\_

2. THE INSURED VEHICLE

Make & Year <u>SPL+</u>	Engine No. <u>18901</u> Chassis No. <u>12851</u>	Registration No. <u>UP53FJ</u> <u>6569</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 Use  
 (c) Was trailer attached?  
 (d) If a Motor Cycle/scooter  
 1. Was a side-car attached  
 2. Was a pillion rider carried NA

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 : Ram Kesh Vighwakarma  
(b) Age :  
(c) Address : moharipur, Jungal, 50 ml  
(d) Is the Driver  
1. Owner : Owner  
2. paid driver? :  
3. Owner's relative or 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 : UPS320034235501  
(h) Issuing Authority : Gorakhpur  
(i) Date of Expiry : 01-06-2033  
(j) Was the licence temporary/permanent : permanent  
(k) Details of endorsement/suspension, if any : NA  
(l) Has he been involved in any accident before? : NA  
(m) Has he been charged by the policy? If so, Why? : NA

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

- (a) Date and Time : 10-03-2026 03:00 PM  
(b) Place : गोरखपुर गोरखपुर  
(c) Speed of vehicle at the time of accident : अनियंत्रित गति में चल रहा था  
(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 fork, visor, Headlight, fender etc.  
(b) Estimated cost of repairs :  
(c) When and where can the damaged vehicle be inspected : 18074/-

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? : NA

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. : \_\_\_\_\_

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 : \_\_\_\_\_

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 13/03/2006

Signature of the insured [Signature]

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 .....  
Occupation .....  
Address .....  
.....  
.....

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

GOVERNMENT OF UTTAR PRADESH

https://vahan.parivahan.gov.in/vahan/vahan/ui/reports/formPaper

Transport Department Gorakhpur RTO

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP53FJ6569 Registration Date : 14-Jun-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 : RAMKESH VISHWKARMA Scn/wife/daughter of : LATE KISHORI  
 Full Address: (Permanent) : MOHARIPUR,JUNGAL NAKAHA NO.1 ,, GORAKHPUR, , GORAKHPUR, UTTAR  
 PRADESH-273007  
 Full Address: (Temporary) : MOHARIPUR,JUNGAL NAKAHA NO.1 ,, GORAKHPUR, , GORAKHPUR-UTTAR  
 PRADESH-273007  
 Fitness Up To : 13-Jun-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 : AA2129132913 Rear HSRP No : AA1042412923  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 05/2025  
 No of Cylinders : 1 Chassis No : MBLHAW480SHE12851  
 Engine No : HA11F7SHE18901 Fuel : PETROL(E20)  
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20  
 Maker's Classification : SPLENDOR+ (DRS) Wheel base : 1235  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleepar Cap : 0 Unladen Wt (kgs) : 113  
 Colour : Black Heavy Grey 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)
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 : 11-Jun-2025 Sale Amt : 78776/-  
 OTT Date : 11-Jun-2025 Amount/Rcpt No : 7878 / UP53D25060004179  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 25-Jun-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 14-Jun-2025 to 13-Jun-2040

Date : 30-Jun-2025 12:21:34

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 30-Jun-2025

Q 3681651

6/30/2025, 12:21

कृपा, आग, जल, आकाश, सब की सुरक्षा हमारे पास  
**ओरिएण्टल इन्सुरेंस कम्पनी लिमिटेड**  
 (भारत सरकार का उपक्रम)  
 U66010DL1947GOI007158



PRITHVI, AGNI, JAL, AAKASH, SUB... HAMARE PAS  
**THE ORIENTAL INSURANCE COMPANY LIMITED**  
 (Govt. of India Undertaking)  
 U66010DL1947GOI007158 Page No. 1

**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: 09AAACT0627R4ZU)	
Policy Type	BUNDLED POLICY (MOTORIZED TWO WHEELERS - (5 Years))
Policy No	252400/31/2026/21959
Agent/Broker Code	DA000155144
Agent/Broker Name	AHINAV BHATI
Insured Name	RAMKESH VISHWKARMA (GSTIN: )
Insured Address	C/O LATE KISHORI, MOHARIPUR JUNGAL NAKAHA NO 1, GORAKHPUR, NA,
Policy Issued On	11-JUN-25
Proposal No. & Date	R/252400/31/2026/15187 & 11-JUN-2025
Policy Period (OWN DAMAGE)	FROM 14:43 ON 11/06/2025 TO MIDNIGHT OF 10/06/2026
Policy Period (LIABILITY)	FROM 14:43 ON 11/06/2025 TO MIDNIGHT OF 10/06/2026

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP	Vehicle	74837
Model & Variant	HERO SPLENDOR PLUS E20	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	74837
Engine - Chassis No	HAI1F7SHE18901 - MBLHAW480SHE12851	TMF CONTRACT NO	
Cubic Capacity	100	Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1	Geographical Area	INDIA
Type Of Body	SOLO		
Type Of Fuel	PETROL		
RTO Location			

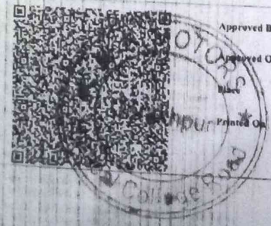
OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1254.27	Basic Third Party Liability	3851
Elec Accessories	0	Compulsory PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	1179.27	Legal Liability (WC) to driver (IMT-28)	0
Geographical Area Extn (IMT-1)	0	Legal Liability to Employees (IMT-29)	0
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%)	NA
Deductibles		PA Paid Driver, Conductor, Cleaner-GR36B3	0
Voluntary Deductibles (IMT-22A)	0	Net Liability Premium (B)	3851
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	4151
AAI Membership (IMT-8)	0	GST	748
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00
SIP Discount	1066	Swachh Bharat Cess@0.50%	0
Sub-Total Deductibles	1066	Krishki Kalyan Cess@0.50%	0
Add-On Coverages		Gross Premium Paid	4899
Nil Depreciation	187		
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub-Total Add-on Coverages	187		
Net own Damage Premium(A)	300		


Nominee Details:	Nominee Name	Age	Relation
Payment Details:	Payment Method	Cheque No./Transaction No.	Bank Name
POS Name	NA	POS ID	NA
		POS PAN NO/Aadhar No	NA
		Amount	4899


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.com](http://www.orientalinsurance.com) in as on demand from the policy issuing office.  
 Warranted that in case of disbursement of premium cheques 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.  
 I/We hereby certify that the policy to which the 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 authorized by and on behalf of the company has/have herein to set his/their hands at 252400 on 11-JUN-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 in order to comply with the MV Act, 1988 is recoverable from the insured. See the clause headed "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 luggage) (3) Organized racing (4) Page Making (5) Special testing (6) Reliability trials  
 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 3 of the Central Motor Vehicles Rules, 1989  
 Limits of Liability Clause: Under section II-1 (Of the policy - Death of or body injury. Such amount is necessary to meet the requirement of the motor vehicle act 1988. Under Section II-1 (i) of the policy - Damage to third party property) with Rs. 7.5 lakh PA Cover under section III for owner-driver is Rs  
 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% NCB on OD premium. No Claim bonus only be allowed provided the policy is renewed within 90 days of the previous policy.  
 I/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.

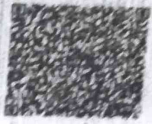
Approved By: 9221375NID  
 Issued On: 11-JUN-25  
 By: MRT  
 Printed On: 11-JUN-25  
 For and on behalf of  
**The Oriental Insurance Company Limited**  
 GENERAL MANAGER  
 Authorized Signature



 भारत सरकार  
GOVERNMENT OF INDIA




रामकेश विश्वकर्मा  
Ramkesh Vishwkarma  
जन्म तिथि/ DOB: 01/02/1977  
पुरुष / MALE



2951 9903 3165

मेरा आधार, मेरी पहचान

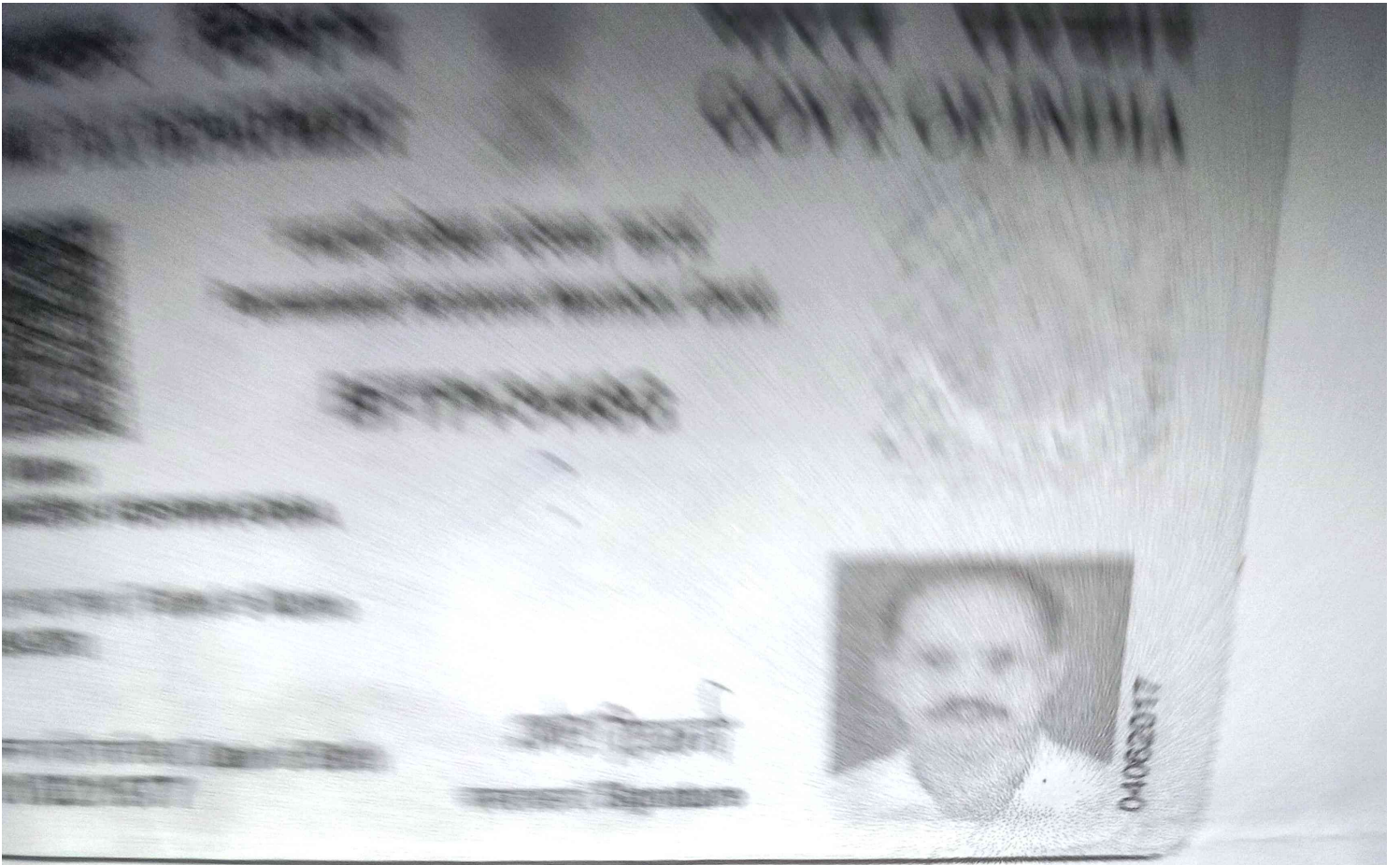
 भारतीय विनिर्दिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:  
आत्मज: स्व किशोरी,  
मोहरीपुर, जंगल नकाहा न 1,  
गोरखपुर, गोरखपुर,  
उत्तर प्रदेश - 273007

Address:  
S/O: Late Kishori, Moharipur,  
Jungal nakaha no 1, Gorakhpur,  
Gorakhpur,  
Uttar Pradesh - 273007

2951 9903 3165

MEERA AADHAAR, MERI PEHACHAN



आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA




स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

BFTPV3448G

नाम/ Name  
RAMKESH VISHWKARMA

पिता का नाम/ Father's Name  
KISHORI

जन्म की तारीख/ Date of Birth  
01/02/1977

  
हस्ताक्षर/ Signature



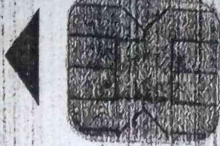
04062017



Indian Union Driving Licence  
Issued by Uttar Pradesh



UP53 20034235501



Issue Date  
02-06-2023

Validity (NT)  
01-06-2033

Validity (TR)



Holder's Signature

Name: **RAM KESH VISHWAKARMA**

Date of Birth: **15-03-1976**

Blood Group:

Organ Donor: **N**

Son/Daughter/Wife of: **KISHORI VISHWAKARMA**

Address:  
**MOHARIPUR JUNGLE NAKAHA NO 01 GORAKHPUR  
GORAKHPUR 273007**

Date of First Issue (09-09-2003)

DL No: **UP53 20034235501**

UPDL000010716220



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	09-09-2003	NT			
	LMV	UP53	02-06-2023	NT			
	MVSD						

Emergency Contact Number

Licensing Authority  
UP53 GORAKHPUR

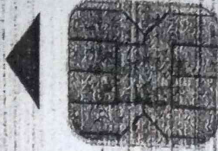
Form 7 Rule 16(2)



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



**UP53 20034235501**



Issue Date **02-06-2023**    Validity (NT) **01-06-2033**    Validity (TR) \_\_\_\_\_



Holder's Signature

Name: **RAM KESH VISHWAKARMA**  
 Date of Birth: **15-03-1976**    Blood Group: \_\_\_\_\_  
 Son/Daughter/Wife of: **KISHORI VISHWARKARMA**    Organ Donor: **N**

Address:  
**MOHARIPUR JUNGLE NAKAHA NO 01 GORAKHPUR**  
**GORAKHPUR 273007**

Date of First Issue **(09-09-2003)**

**DL No: UP53 20034235501**

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Emergency Contact Number \_\_\_\_\_

Licensing Authority  
**UP53 GORAKHPUR**

Form 7 Rule 16(2)