



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.	Lalita Dewi 0423347906
2	Vehicle No. / वाहन संख्या	UP57CA6958
3	Policy No. / पालिसी संख्या :	252400/31/2026/53831
4	Period of Insurance / बीमा अवधि	29/10/25 to 28/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	16/04/2026, 08.00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Harka chawaha.
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	9 Kajshna kumar Gautam. 963236434, UP5720240002266
8	Estimated Loss / अनुमानित हानि	10100/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरा (अशुभ) ब्रूकन कुमार गौतम किसी काम से चौराहे पर जा रहे थे तभी एक गाड़ी वाले ने अचानक से ब्रेक मार दिया मेरी बहूली उरली के गाड़ी की छुश कर अग्रे कार्डेड गिरने के सारंगल 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.	9125197148 Gupta automobile Padsauna.

Date / दिनांक : 17/04/2026  
हस्ताक्षर

- ललीता  
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. 252400/31/2026/53831

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

Period of Insurance 29/10/25 to 28/10/26  
 Claim No. \_\_\_\_\_

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

1. INSURED

(a) Name : Lalita Devi  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : 8423347906

2. THE INSURED VEHICLE

Make & Year <u>H2910/2025</u>	Engine No. <u>JF17EY3GK05749</u> Chassis No. <u>MBLJFN4388GK05807</u>	Registration No. <u>UP57CA</u> <u>6958</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 No  
 1. Was a side-car attached No  
 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 : \_\_\_\_\_

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Krishna Kumar Gauram  
(b) Age : \_\_\_\_\_  
(c) Address : Kushinagar Padma  
(d) Is the Driver  
1. Owner : \_\_\_\_\_  
2. paid driver? : \_\_\_\_\_  
3. Owner's relative or friend?  : Relative.  
(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 : UP5720240002266  
(h) Issuing Authority : \_\_\_\_\_  
(i) Date of Expiry : 31/12/2040  
(j) Was the licence temporary/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 : 16/04/2026, 08.00 P.M.  
(b) Place : Harka chauraha  
(c) Speed of vehicle at the time of accident : \_\_\_\_\_  
(d) Give a short description of the accident : \_\_\_\_\_  
(e) If any third party was responsible for this accident give the name and address : गाड़ी वाले ने अचानक ब्रेक मार दिया उसी से मेरी स्कूटी टकरा कर बायें स्टाईर गिरे से डैमेज हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front and side.  
(b) Estimated cost of repairs : 10100/-  
(c) When and where can the damaged vehicle be inspected : Gupta automobile Padma

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? : \_\_\_\_\_  
(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? : \_\_\_\_\_  
(d) If yes, to which Police Station? : \_\_\_\_\_  
(e) Date and Diary No. : \_\_\_\_\_

~~N/A~~

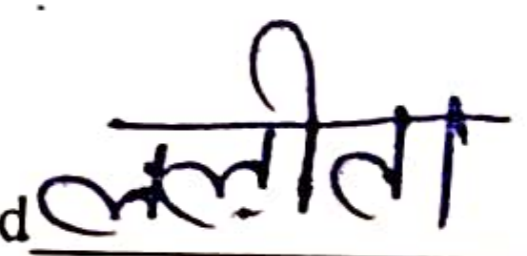
10. THEFT

- (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 Police Station? : \_\_\_\_\_  
(i) C.R. diary Number : \_\_\_\_\_

~~N/A~~

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 17/04/2006 200

Signature of the insured 

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 ..... *अनीता* .....  
Occupation .....  
Address .....  
.....  
.....

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

**GOVERNMENT OF UTTAR PRADESH**  
**Transport Department PADRAUNA(KUSHI NAGAR)**  
**FORM 23**  
**CERTIFICATE OF REGISTRATION**



Registration No : UP57CA6958 Registration Date : 03-Nov-2025  
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW  
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA. , , 189-274304  
 Owner Name : LALITA DEVI Son/wife/daughter of : RANA PRATAP BHARTI  
 Full Address: (Permanent) : VILL-GULELAHA, POST-SARYA, THANA-PADRAUNA, KUSHINAGAR, UTTAR PRADESH-274304  
 Full Address: (Temporary) : VILL-GULELAHA, POST-SARYA, THANA-PADRAUNA, KUSHINAGAR-UTTAR PRADESH-274304  
 Fitness UpTo : 02-Nov-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 : AA2142587344 Rear HSRP No : AA2141824865  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 10/2025  
 No of Cylinders : 1 Chassis No : MBLJFN438SGK05807  
 Engine No : JF17EYSGK05749 Fuel : PETROL  
 Horse Power(BHP) : 8.98 Cubic Capacity : 124.60  
 Maker's Classification : DESTINI PRIME Wheel base : 1245  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleeper Cap : 0 Unladen Wt (kgs) : 115  
 Colour : METALLIC NEXUS BLUE Laden/GV Wt (kgs) : 245  
 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 SHRIRAM FINANCE LIMITED, GORAKHPUR, , , Gorakhpur, Uttar Pradesh-273001 w.e.f. 29-Oct-2025.

Purchase dt : 29-Oct-2025 Sale Amt : 72248/-  
 OTT Date : 29-Oct-2025 Amount/Rcpt No : 7225 / UP57D25110000842  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 01-Dec-2025

**Other State/Transfer/Conversion/Reassign Details**

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

This certificate is valid from 03-Nov-2025 to 02-Nov-2040

Date : 24-Mar-2026 17:19:16  
 Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
 Date : 24-Mar-2026



Q 8296461



The Oriental Insurance Company Ltd.  
Policy Schedule

Report ID : PCIR0028

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 MFERUT, 01214063570, (GSTIN: 09AAACT0627R4ZU)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))	Policy Issued On	29-OCT-25
Policy No	252400/31/2026/53831	Proposal No. & Date	R/252400/31/2026/106471583/32 & 29-OCT-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 18:42 ON 29/10/2025 TO MIDNIGHT OF 28/10/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 18:42 ON 29/10/2025 TO MIDNIGHT OF 28/10/2026
Insured Name	LALITA DEVI (GSTIN: )	Lead / Breakin No	
Insured Address	C/O RANA PRATAP BHARTI, R/O VILL-GULELAHA POST-SARYA, TIANA-PADRAUNA KUSHINAGAR, KUSHINAGAR, PADRAUNA ( KUSHINAGAR ), NA, 0	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS				INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP			Vehicle	68636
Model & Variant	HERO DESTINI 125 PRIME			Electrical Accessories	0
Registration No	NEW			Non Electrical Accessories	0
Year Of Manufacture	2025			Total IDV	68636
Engine -Chassis No	JF17EYSGK05749 - MBLJFN438SGK05807			TMF CONTRACT NO	
Cubic Capacity	125			Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1			Geographical Area	
Type Of Body	SOLO	Type Of Fuel	PETROL		
RTO Location					

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1150.34	Basic Third Party Liability	3851
Elec Accessories	0	Compulsary PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	172.34	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
Deductibles	0	PA Paid Driver, Conductor, Cleaner-GR36B3	3851
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	4023
Anti- Theft Device (IMT-10)	0	Total Premium (A+B)	724
AAI Membership (IMT-8)	0	GST	0
No Claim Bonus	0	SERVICE TAX	0.00
Discount for vehicle designed for handicapped	0	STAMPDUTY	0
SIP Discount	0	Swachh Bharat Cess@ 0.50%	0
Sub -Total Deductibles	0	Krishh Kalyan Cess@ 0.50%	4747
Add-On Coverages	0	Gross Premium Paid	
NIL Depreciation	0		
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub Total Add-on Coverages	0		
Net total Damage Premium(A)	172		

Nominee Details :	Nominee Name	Age	1	Relation	
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name	Amount	4747
Financer Type	Financer Name	SHRIRAM FINANCE LIMITED	Financer Branch	GORAKHPUR	
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 Rs1lac, 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](http://www.orientalinsurance.org.in) or on demand from the policy issuing office. Warranted that in case of dishonour 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. 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 authorised by and on behalf of the company has have herein to set his/their hands at 252400 on 29-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 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) Pace Making (5) Speed testing (6) Reliability trails  
g) 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 (i) of the policy -Death of or body injury. Such amount is necessary to meet the requirement of the motor vehicle act 1998. Under Section II-1 (ii) of the policy -Damage to third party property is Rs.7.5 lakhs P.A Cover under section III for owner-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 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 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, 1998.  
\* This insurance excludes all pre existing damages

Approved By : UNIV@252400  
Approved On : 29-OCT-25  
Place : MRT  
Printed On : 05-NOV-25

For and on behalf of  
**The Oriental Insurance Company Limited**  
General Manager  
Authorized Signature



Indian Union Driving Licence  
Issued by Uttar Pradesh

UP

UP57 20240002266

Issue Date 12-02-2024  
Validity (NT) 31-12-2040

Validity (TR)\*



(12-02-2024)

Holder's Signature

Name: KRISHNA KUMAR GAUTAM

Date of Birth: 01-01-2001 Blood Group:

Organ Donor: N

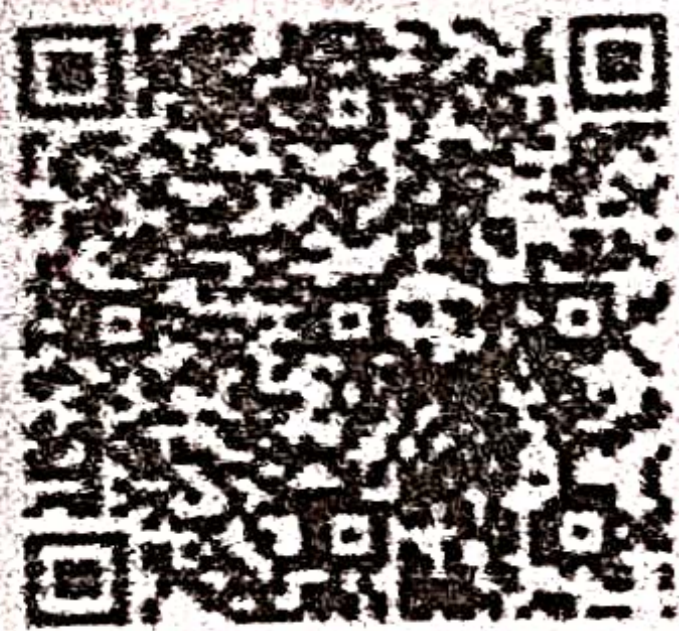
Son/Daughter/Wife of: LALBUN PRASAD

Address:  
GULELHA POST SARYA  
Padrauna, Kushinagar, UP 274304

Date of First Issue

DL No: UP57 20240002266

UPDL000012738570



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	UP57	12-02-2024	NT			
	LMV	UP57	12-02-2024	NT			
	MVSD						

Emergency Contact Number  
8951359672

Licensing Authority  
UP57 KUSHINAGAR

Form 7 Rule 16(2)



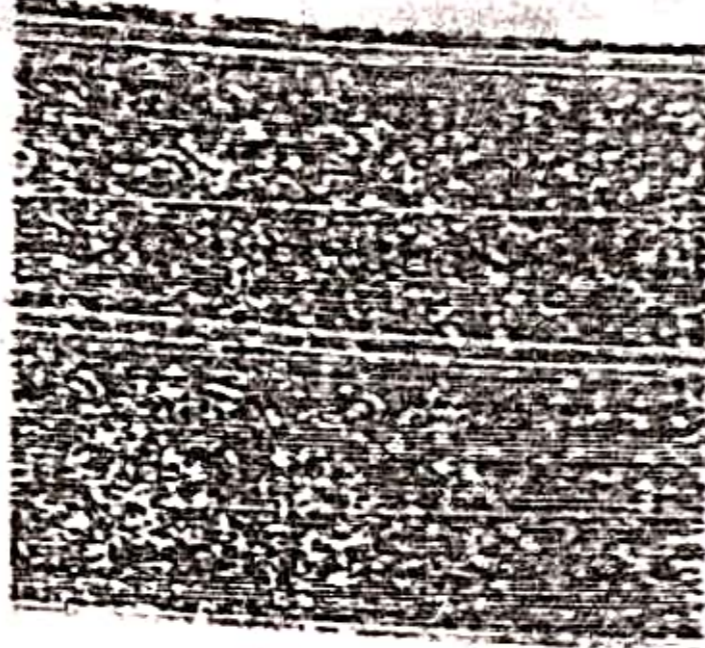
भारत सरकार  
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 2906/47187/00647

To  
सुनिता देवी  
Lalita Devi  
C/O: Rana Pratap Bharti,  
Gulelaha post sarya,  
VTC: Padrauna,  
PO: Padrauna,  
Sub District: Padrauna,  
District: Kushinagar,  
State: Uttar Pradesh,  
PIN Code: 274304,  
Mobile: 8423347906

Signature Not Verified  
Digitally signed by Lalita Devi  
DN: cn=Lalita Devi, o=Unique Identification Authority of India  
Date: 2025.05.11 11:36:25  
EIT



आपका आधार क्रमांक / Your Aadhaar No. :  
**9550 7430 2926**  
VID : 9152 3968 6449 7712  
मेरा आधार, मेरी पहचान

Aadhaar no. issued: 08/02/2015



सुनिता देवी  
Lalita Devi  
जन्म तिथि/DOB: 01/02/1989  
महिला/ FEMALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।  
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/  
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।  
Aadhaar is proof of identity, not of citizenship  
or date of birth. It should be used with verification (online  
authentication, or scanning of QR code / offline XML).

**9550 7430 2926**

मेरा आधार, मेरी पहचान



सूचना / INFORMATION

- आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं। जन्मतिथि आधार नंबर धारक द्वारा प्रस्तुत सूचना और विनियमों में विनिर्दिष्ट जन्मतिथि के प्रमाण के दस्तावेज पर आधारित है।
- इस आधार पत्र को यूआईडीएआई द्वारा नियुक्त प्रमाणीकरण एजेंसी के ऑनलाइन प्रमाणीकरण के द्वारा सत्यापित किया जाना चाहिए या ऐप स्टोर में उपलब्ध एमआधार या आधार क्यूआर कोड स्कैनर ऐप से क्यूआर कोड स्कैन करके या [www.uidai.gov.in](http://www.uidai.gov.in) पर उपलब्ध सुरक्षित क्यूआर कोड रीडर का उपयोग करके सत्यापित किया जाना चाहिए।
- आधार विशिष्ट और सुरक्षित है।
- पहचान और पते के समर्थन में दस्तावेजों को आधार के लिए नामांकन की तारीख से प्रत्येक 10 वर्ष में कम से कम एक बार आधार में अपडेट करना चाहिए।
- आधार विभिन्न सरकारी और गैर-सरकारी फायदों/सेवाओं का लाभ लेने में सहायता करता है।
- आधार में अपना मोबाइल नंबर और ईमेल अर्द्धी अपडेट रखें।
- आधार सेवाओं का लाभ लेने के लिए एमआधार ऐप डाउनलोड करें।
- आधार/बायोमेट्रिक्स का उपयोग न करने के समय सुरक्षा सुनिश्चित करने के लिए आधार/बायोमेट्रिक्स लॉक/अनलॉक सुविधा का उपयोग करें।
- आधार की मांग करने वाले सत्यापन लेने के लिए बाध्य हैं।
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). It is based on information supported by proof of DOB document specified regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on [www.uidai.gov.in](http://www.uidai.gov.in).
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.



भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

पता:  
सुनीता देवी, गुलेलहा पोस्ट सरया, पडरौना,  
पडरौना, कुशीनगर,  
उत्तर प्रदेश - 274304

Address:  
C/O: Rana Pratap Bharti, Gulelaha post sarya,  
Padrauna, PO: Padrauna, DIST: Kushinagar,  
Uttar Pradesh - 274304

Details as on: 23/05/2025



**9550 7430 2926**

VID : 9152 3968 6449 7712

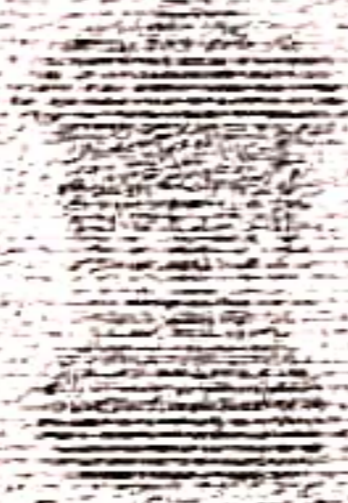
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help@uidai.gov.in

www.uidai.gov.in

सुनिता देवी

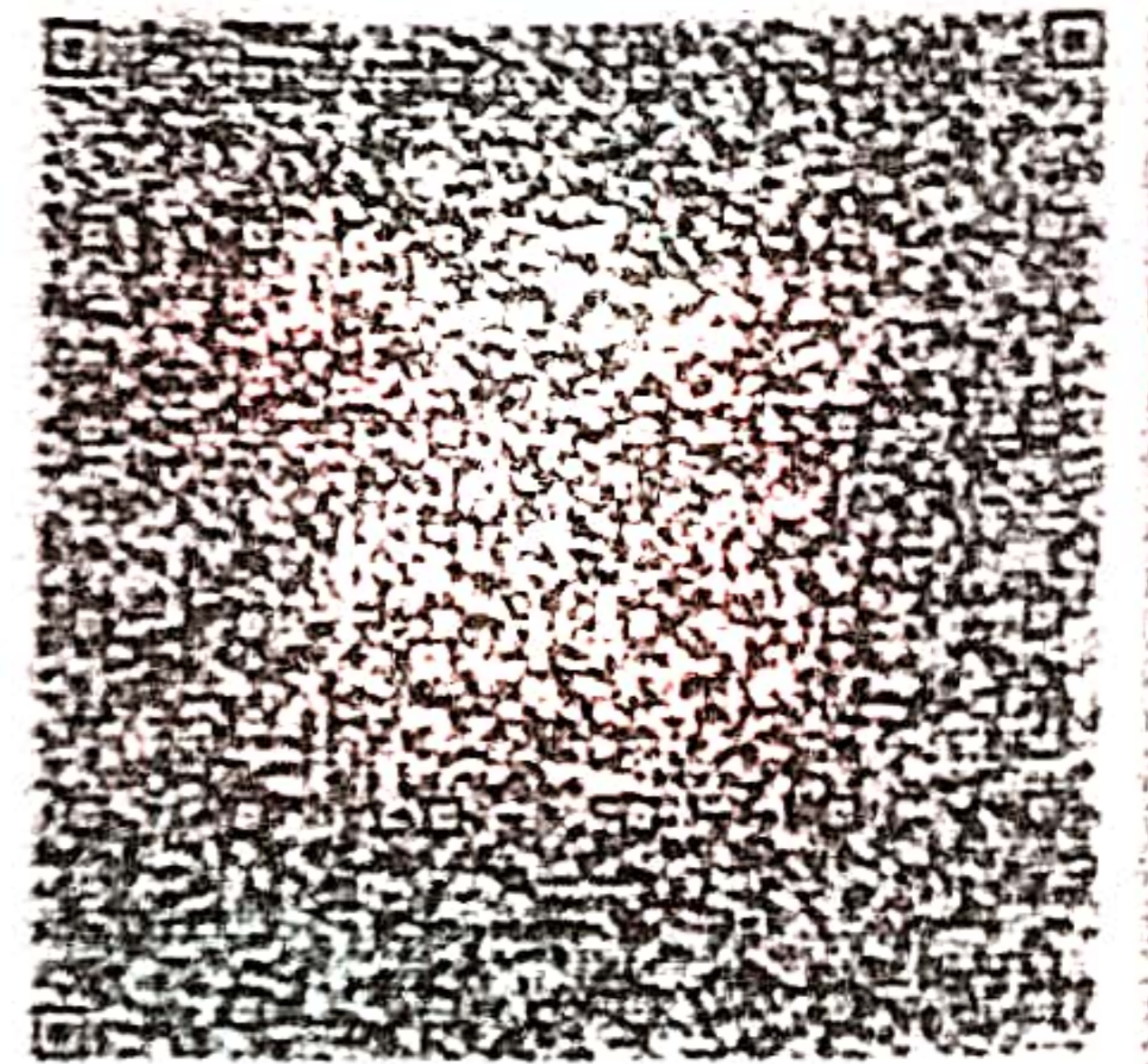
आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

IXJPD1017E



नाम / Name  
LALITA DEVI

पिता का नाम / Father's Name  
FAGU PRASAD

जन्म की तारीख /  
Date of Birth  
01/02/1989

20072023

PAN Application Digitally Signed. Card Not  
Valid unless Physically Signed