

# Gupta

ESTIMATE

GSTN: 09AHWPG0569P1ZE

AUTHORISED DEALER

## AUTOMOBILES



Kasla Road, Chhawani, Padrauna (Kushinagar) ☎ : 05564/245445, 9307236635

No. **3032**

Date 22/04/26

Name Satyamastayam Gautam.

Add. UP57BY3534

| S.NO. | PARTICULARS       | QTY. | RATE         | AMOUNT        |    |
|-------|-------------------|------|--------------|---------------|----|
|       |                   |      |              | Rs.           | P. |
| ①     | Tail light        |      |              | 1680/-        |    |
| ②     | Upper Panel - (R) |      |              | 850/-         |    |
| ③     | Lower Panel - (R) |      |              | 1010/-        |    |
| ④     | Fender.           |      |              | 1200/-        |    |
| ⑤     | Labour charge     |      |              | 600/-         |    |
|       |                   |      | <b>TOTAL</b> | <b>6140/-</b> |    |

Authorised Signatory

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.   | Satyamayam Gaudom 9665220734                      |
| 2   | Vehicle No. / वाहन संख्या  | UP57BY3534  |
| 3   | Policy No. / पालिसी संख्या   | 252400/31/2026/22119                              |
| 4   | Period of Insurance / बीमा अवधि  | 11/6/2025 to 10/6/2026                            |
| 5   | Date of loss & Time / दुर्घटना का दिनांक & समय   | 20/04/2026, 04.00 P.M.                            |
| 6   | Place of Accident / दुर्घटना का स्थान  | Pachwara Chhawan                                  |
| 7   | Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं  | UP5720110011181<br>9764331226, Satyamayam Gaudom. |
| 8   | Estimated Loss / अनुमानित हानि   | 6140/-  |
| 09. | Cause of Accident / दुर्घटना का कारण : मैं अपनी स्कूटी लेकर किसी काम से जा रहा था तभी एक व्यक्ति वाले ने पिछे से चक्कर मार दिया मेरी स्कूटी भागे एक गाड़ी से चूरा कर वाघे राईड गिरने से डेमेज 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<br>Gupta automobile Pachwara.          |

Date / दिनांक : 22/04/2026  
हस्ताक्षर

सत्यमायम गौतम  
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. 252400/31/2026/22119

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

Period of Insurance 11/6/25 to 10/6/2026

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 : Satyanarayam Gaudam.  
(b) Address for correspondence : \_\_\_\_\_  
(c) Telephone : 9665220734

2. THE INSURED VEHICLE

|                                 |  |  |
|---------------------------------|--|--|
| Make & Year<br><u>Hero/2025</u> | Engine No. <u>ECDO01SGC07395</u><br>Chassis No. <u>MBLCEW04XS6D00765</u> | Registration No.<br><u>UP57BY</u><br><u>3534</u> |
|---------------------------------|--|--|

- (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 : \_\_\_\_\_
- PIA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Satyashayam Gautam.  
 (b) Age : \_\_\_\_\_  
 (c) Address : Paalwama.  
 (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 : No  
 (f) Was he under the influence of intoxication Liquor or drugs? : No.  
 (g) Driving Licence Number : UP5720110011101  
 (h) Issuing Authority : \_\_\_\_\_  
 (i) Date of Expiry : 28/09/2031  
 (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 : 20/04/2022, 04.00 P.M.  
 (b) Place : Paalwama chowani  
 (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 : बाइक वाले ने पिछे से खकुर मार किया स्कूली आगे एक गाड़ी से खर्रा गरी

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Rear and Front & Side  
 (b) Estimated cost of repairs : 6140/-  
 (c) When and where can the damaged vehicle be inspected : Gupta automobile Paalwama.

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? : \_\_\_\_\_

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : \_\_\_\_\_  
(b) If yes, give full details : \_\_\_\_\_

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 past or future accident shall be forfeited.

Date 22/4/2028 200

Signature of the insured सत्यनारायण शैलम

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 ..... *सत्यनारायण गोतम*  
Occupation .....  
Address .....  
.....  
.....

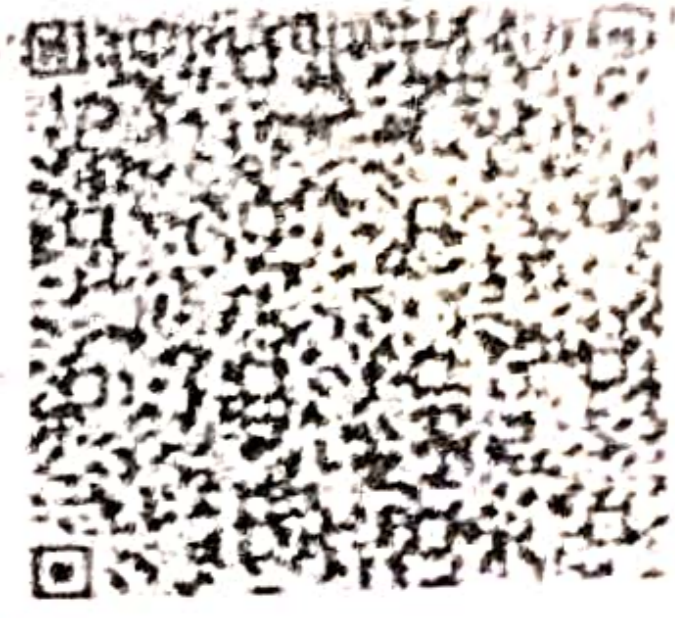
Bank Account Number .....  
Name of the Bank .....

GOVERNMENT OF UTTAR PRADESH

Transport Department PADRAUNA(KUSHI NAGAR)

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP57BY3534 Registration Date : 12-Jun-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 : SATYANARAYAN GAUTAM Son/wife/daughter of : MADAN GAUTAM  
 Full Address: (Permanent) : VILL-VISHUNPURA BUJURG, POST -KINNERPATTI, THANA -JATHA BAZAR,  
 KUSHINAGAR, UTTAR PRADESH-274304  
 Full Address: (Temporary) : VILL-VISHUNPURA BUJURG, POST -KINNERPATTI, THANA -JATHA BAZAR,  
 KUSHINAGAR-UTTAR PRADESH-274304  
 Fitness UpTo : 11-Jun-2040 Owner Serial No : 1  
**Detailed Description**  
 Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :  
 Ownership : INDIVIDUAL Norms : Not Available  
 Maker's Name : HERO MOTOCORP LTD  
 Front HSRP No : AA2113222062 Rear HSRP No : AA2116226491  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 04/2025  
 No of Cylinders : 0 Chassis No : MBLCEWC4XS6D00765  
 Engine No : ECD001S6C07395 Fuel : PURE EV  
 Horse Power(BHP) : 8.04 Cubic Capacity : 0.00  
 Maker's Classification : VIDA V2 PLUS Wheel base : 1301  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleeper Cap : 0 Unladen Wt (kgs) : 124  
 Colour : BLACK Laden/GV Wt (kgs) : 274  
 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 IDFC FIRST BANK LTD, PADRAUNA, . . Kushinagar, Uttar Pradesh-274304 w.e.f. 12-Jun-2025.

Purchase dt : 12-Jun-2025 Sale Amt : 125000/-  
 OTT Date : Amount/Rcpt No : /  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 20-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 12-Jun-2025 to 11-Jun-2040

Date : 01-Jul-2025 15:03:59  
Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
Date : 01-Jul-2025

Q 3740580



The Oriental Insurance Company Ltd.  
Policy Schedule

Report ID: PGR14928

Page No: 1

| TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE<br>(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)      |  |   |  |
|---|--|---|--|
| DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01214063570, (GSTIN: 09AAACT0627R4ZU) |  |   |  |
| Policy Type   | BUNDLED POLICY (MOTORIST) TWO WHEELERS (5 Years)   | Policy Issued On  | 11-JUN-25  |
| Policy No   | 252400/31/2026/22119   | Proposal No. & Date   | R/252400/31/2026/100727262/1 & 11-JUN-2025         |
| Agent/Broker Code   | BA0000155144   | Policy Period (OWN DAMAGE)  | FROM 19:42 ON 11/06/2025 TO MIDNIGHT OF 10/06/2026 |
| Agent/Broker Name   | ABHINAV BHATI  | Policy Period (LIABILITY)   | FROM 19:42 ON 11/06/2025 TO MIDNIGHT OF 10/06/2030 |
| Insured Name  | SATYANARAYAN GAUTAM (GSTIN: )  | Lead / Breakin No   | /  |
| Insured Address   | C/O MADAN GAUTAM, RAJ VILL-VISHUNPURA BUJURG POST-KINKERPATTI THANA-JATHA BAZAR KUSHINAGAR, KUSHINAGAR, PADRAUNA ( KUSHINAGAR ), N.A.O | Insured State   | UTTAR PRADESH                                      |
| INSURED MOTOR VEHICLE DETAILS   |  | INSURED DECLARED VALUE (IDV) (in Rs.)                               |  |
| Make  | HERO   | Vehicle   | 107250   |
| Model & Variant   | VIDA V2 PLUS   | Electrical Accessories  | 0  |
| Registration No   | NEW  | Non Electrical Accessories  | 0  |
| Year Of Manufacture   | 2025   | Total IDV   | 109250   |
| Engine -Chassis No  | ECD001S6C07395 - MBLCEW04XS6D00765   | TMF CONTRACT NO   |  |
| Cubic Capacity  | 6  | Policy Type   | Zone B - Rest of India                             |
| Seating Capacity  | 1 + 1  | Geographical Area   |  |
| Type Of Body  | SOLO   | Type Of Fuel  | BATTERY POWERED - ELECTRICAL                       |
| RTO Location  |  |   |  |
| Schedule Of Premium (Amount in Rs.)   |  |   |  |
| OWN DAMAGE SECTION(A)   |  | LIABILITY SECTION (B)   |  |
| Vehicle   | 1831.03  | Basic Third Party Liability   | 3273   |
| Elec Accessories  | 0  | Compulsary PA Cover Premium   | 0  |
| Non-Elec Accessories  | 0  | PA Cover for 8 Person Of Rs (0) each (IMT-16)                       | 0  |
| Basic Premium   | 166.03   | Legal Liability (WC)to driver (IMT-28)                              | 0  |
| Geographical Area Exts (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   |  | PA Paid Driver, Conductor, Cleaner-GR36B3                           | 3273   |
| Voluntary Deductibles (IMT 22A)   | 0  | Net Liability Premium (B)   | 3712   |
| Anti- Theft Device (IMT-10)   | 0  | Total Premium (A+B)   | 668  |
| 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  | Krishi Kalyan Cess@ 0.50%   | 4380   |
| Add-On Coverages  |  | Gross Premium Paid  |  |
| NIL Depreciation  | 273  | Note:   |  |
| Return to Invoice   | 0  | 1. Policy Insurance is the subject to the realization of cheque     |  |
| Key Replacement   | 0  | 2. Consolidated Stamp Duty paid via Challan No                      |  |
| Consumables   | 273  | 3. The Policy is subject to a compulsory Deductible of Rs 0(IMT-22) |  |
| Sub Total Add-on Coverages  | 439  | 4. Voluntary excess Rs(0)   |  |
| Net own Damage Premium(A)   |  | 5. Subject to Endorsements IMT,7,10,28.                             |  |
| Nominee Details :   | Nominee Name   | Age   | Relation   |
| Payment Details :   | Payment Method   | Cheque No./Transaction No.  | Bank Name  |
| Financer Type   | Financer Name  | IDFC FIRST BANK LTD   | Financer Branch                                    |
| POS Name  | POS ID   | NA  | POS PAN NO/Aadhar No                               |
| Amount  |  |   |  |
|   |  |   | 4380   |
|   |  |   | GORAKHPUR  |
|   |  |   | 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 ORC endorsements mentioned herein above which are available on company's website: [www.orientalinsurance.org](http://www.orientalinsurance.org) or on demand from the policy issuing office.

Warranted that in case of withdrawal of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void ab initio (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 here 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 MVA 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 baggage) (3) Organized racing (4) Pace Making (5) Speed testing (6) Reliability trials

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 there 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 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/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 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.

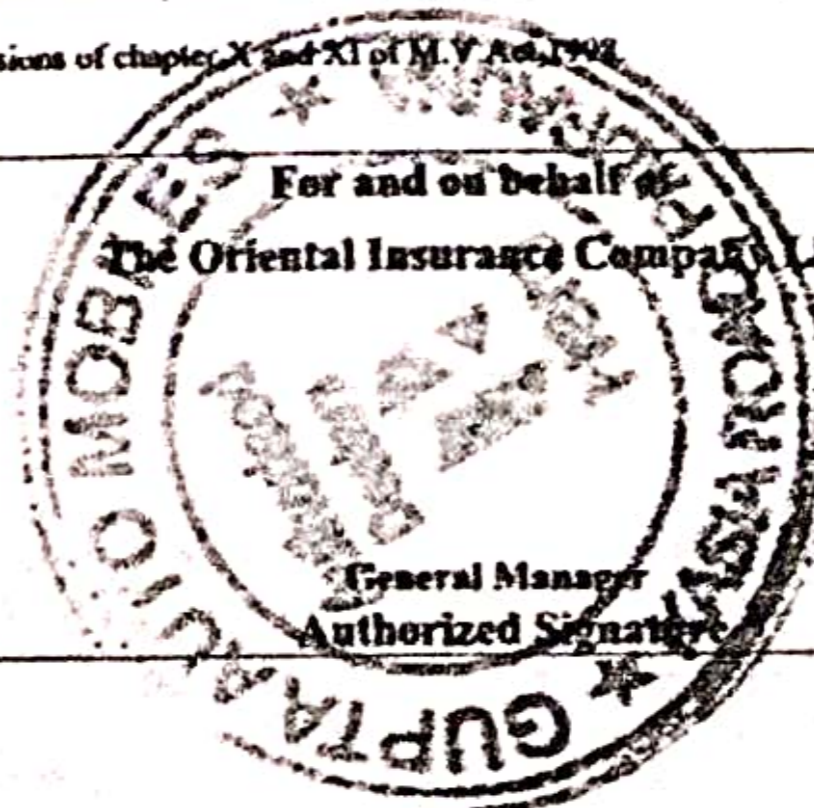
\* This insurance excludes all pre existing damages

Approved By : UNIV@252400

Approved On : 11-JUN-25

Place : MRT

Printed On : 03-DEC-25





Indian Union Driving Licence  
Issued by Uttar Pradesh

UP57 20110011181

Issue Date: 02-05-2019  
Validity (NT): 28-09-2031  
Validity (TR): \_\_\_\_\_



*[Signature]*

Holder's Signature

Name: SATYANARAYAN GAUTAM  
Date of Birth: 01-08-1981 Blood Group: \_\_\_\_\_ Organ Donor: N  
Son/Daughter/Wife of: MADAN PRASAD

Address:  
R/O- VISHUN PUR BUJURG KINNAR PATTI -  
JATAHA BAZAR PADRAUNA, KUSHINAGAR 274304

DL No: UP57 20110011181



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* |
|------------------|------|-----------|---------------|------------------|---------------|--------------------|------------------|
| MCV              | MCV  | UP57      | 29-09-2011    | NT               |               |                    |                  |
| LIV              | LIV  | UP57      | 29-09-2011    | NT               |               |                    |                  |
|                  |      |           |               |                  |               |                    |                  |
|                  |      |           |               |                  |               |                    |                  |

Emergency Contact Number

Licensing Authority  
KUSHINAGAR

Date of First Issue: 20-09-2011

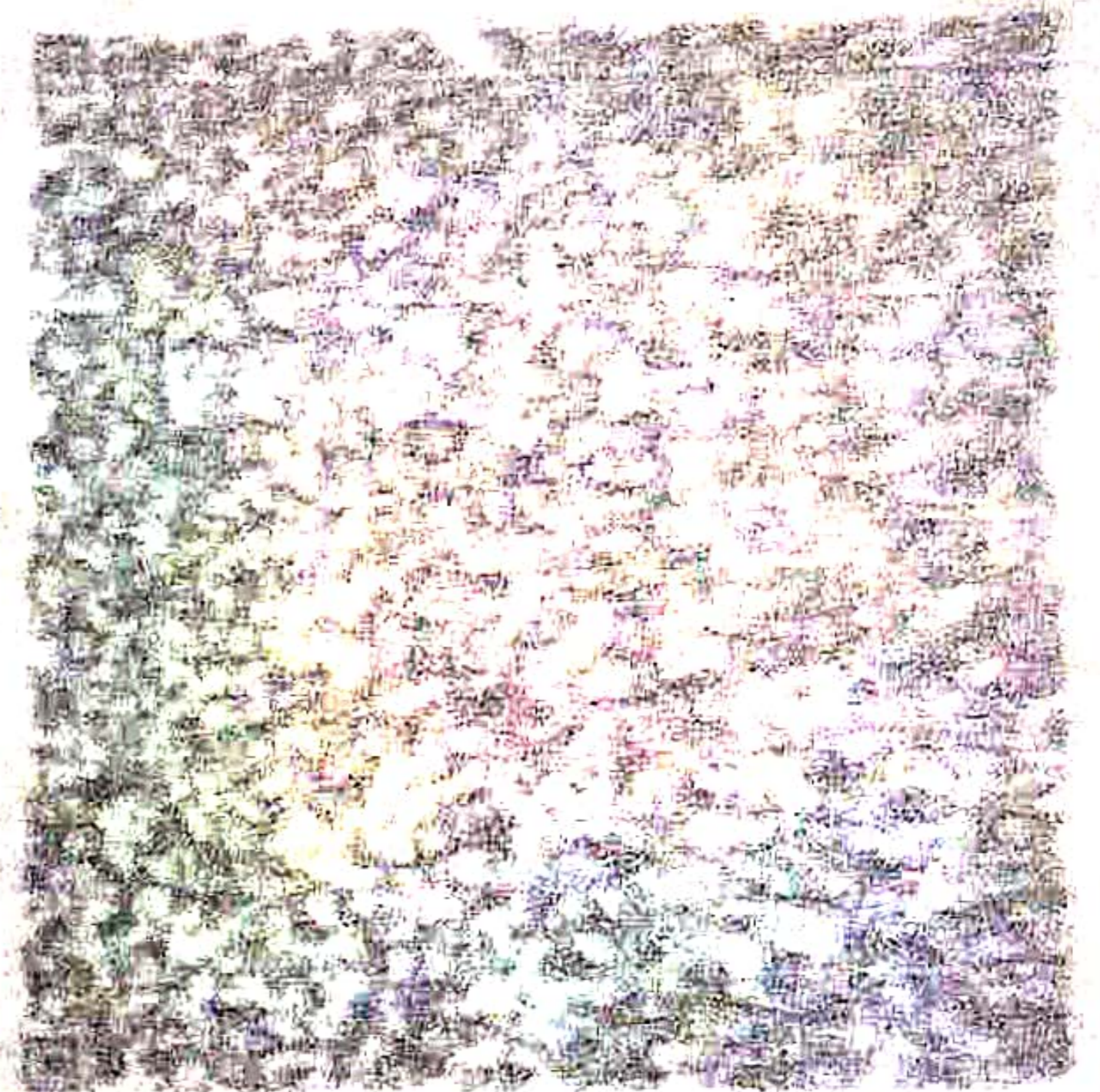
Form 7 Rule 16(2)

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card  
ARIPG6847J



SATYANARAYAN GAUTAM

पिता का नाम / Father's Name  
MADAN GAUTAM

जन्म तिथि / Date of Birth  
01/08/1981

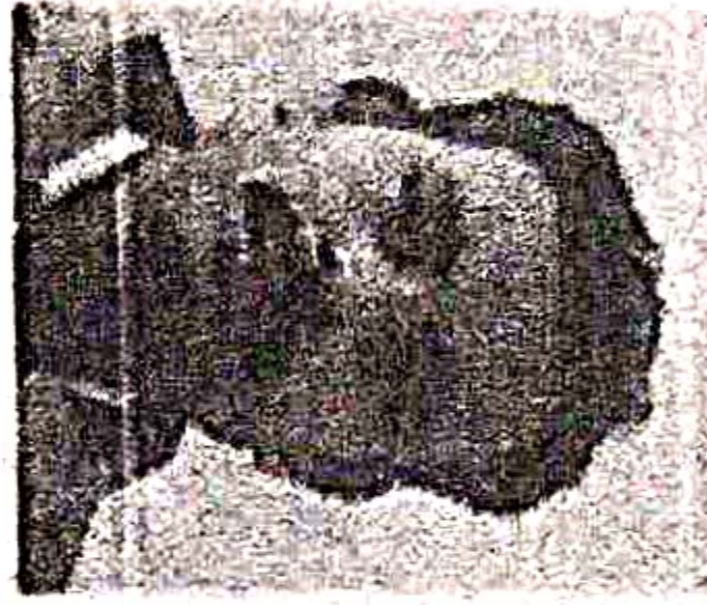
स्थायी लेखा संख्या  
Permanent Account Number



भारत सरकार  
Government of India



Aadhaar no. issued: 04/02/2012



सत्यनारायण गौतम  
Sanyanarayan Gautam  
जन तिथि/DOB: 01/08/1981  
पुरुष/ MALE

आधार पत्रदान का प्रमाण है, नागरिकता का अनिश्चिति का नहीं।  
इसका उपयोग सत्यापन (ऑनलाइन प्रमाँनिकरण, या क्यूआर कोड/  
ऑनलाइन प्रमाँनिकरण 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 XMI).

4028 9455 5202

सेवा सहायक, सेरी पहचान

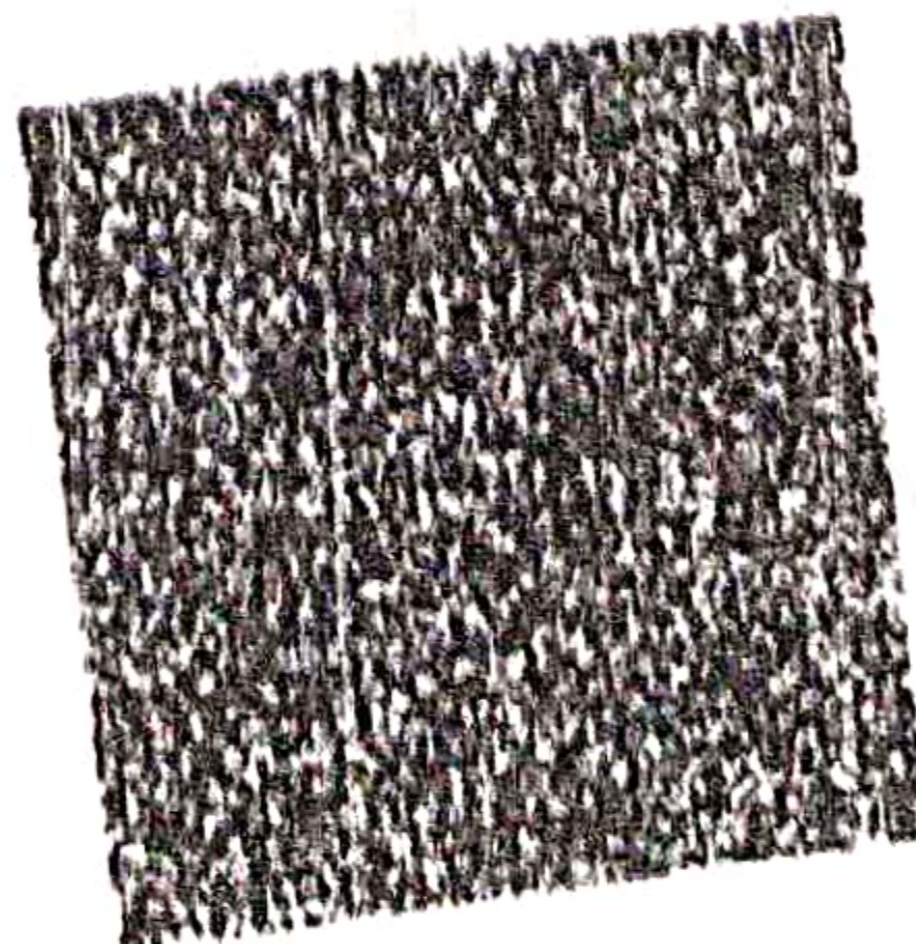


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Details as on: 16/11/2024



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