

**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-0426-8	Date	22-04-2026
Customer Name	AMARNATH VARMA	Contact No.	7046882063
VIN	MBLHAW489SHF45558	Model	SPLENDOR +
Insurance Company		Reg No.	UP52CH1151
HMCGL Card No		HMCGL Card Category	

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	ADHMS6A0030BBGS - VISOR FRONT NH-1(T2)	87141090	Paid	894.07	1	9.00	9.00	0.00	0.00	0.00	0.00	1,055.00
2	33400KCC710S -WINKER ASSY R FR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
3	53100ADH600S -PIPE STEERING HANDLE	87141090	Paid	355.93	1	9.00	9.00	0.00	0.00	0.00	0.00	420.00
4	88110AAEH31S -MIRROR ASSEMBLY RIGHT BACK	70091090	Paid	118.64	1	9.00	9.00	0.00	0.00	0.00	0.00	140.00
5	53175AAFH00S -LEVER COMP.R STRG.HNDL.	87141090	Paid	77.97	1	9.00	9.00	0.00	0.00	0.00	0.00	92.00
<b>Parts Total</b>											0.00	1,927.00

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR +	998729	Paid	250.00	9.00	9.00	0.00	0.00	0.00	0.00	295.00	
<b>Jobs Total</b>											0.00	295.00

Parts Total	1,927.00
Labour Total	295.00
SGST (Parts) 9%	146.97
CGST (Parts) 9%	146.97
SGST (Labour) 9%	22.50
CGST (Labour) 9%	22.50
<b>Total</b>	<b>2,222.00</b>

Rupees in Words: Two Thousand Two Hundred Twenty One 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.	7046882063 AMARNATH VARMA
2	Vehicle No. / वाहन संख्या	UPS2CH1151
3	Policy No. / पालिसी संख्या	252400/31/2026/24393
4	Period of Insurance / बीमा अवधि	23/06/2025-22/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	15/04/2026 05:30PM
6	Place of Accident / दुर्घटना का स्थान	डुमिना चौराहा
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	DHARMENDRA VERMA UPS220230002035, 7046882063
8	Estimated Loss / अनुमानित हानि	2222/-
09	Cause of Accident / दुर्घटना का कारण :	मेरे भाई दामोदर वर्मा मेरी गाडी लेके अपने किसी कार्य करने के लिए पडखुंगोय गये थे पडखुंगोय अपने घर वापस आते समय डुमिना-चौराहे पर सामने टेम्पू जा रहा था जो शॉर्ट तर्फी मेरी गाडी स्लेटर लेज हो गया जिससे मेरी गाडी असते तकराकट की दाहिने साइड गिरकट 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.	Adifya Motors Hafa Road Crausi Bazar, 8948395612

Date / दिनांक : 22/04/2026  
हस्ताक्षर Abhishek Singh Raypost

अमरनाथ वर्मा  
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. 252400/31/2026/24393

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

Period of Insurance 23/06/2026-22/06/2026  
 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 : Amratanath Verma  
 (b) Address for correspondence : Ranjanki Kaloni Nagara, Panchayat Gauri Beza  
 (c) Telephone : \_\_\_\_\_

2. THE INSURED VEHICLE

Make & Year <u>SPLT (DPS)</u>	Engine No. <u>62351</u> Chassis No. <u>45558</u>	Registration No. <u>UP52CH</u> <u>1151</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 : Dharmendra Verma  
(b) Age : 33 / male  
(c) Address : Nagar Panchayat Cauhari Bazar  
(d) Is the Driver :  
1. Owner : Brother  
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 : UP 52 20230002035  
(h) Issuing Authority : Deoria, UP  
(i) Date of Expiry : 05-02-33  
(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 : 15/04/2016, 05:30pm  
(b) Place : Jhumila Chaukaha  
(c) Speed of vehicle at the time of accident :  
(d) Give a short description of the accident : अवगत समने से आते आ गयी  
(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 : Visor, Handle, R. Winker, R. Lever etc.  
(b) Estimated cost of repairs :  
(c) When and where can the damaged vehicle be inspected : 2222/-

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 22/04/2026

Signature of the insured अमरनाथ वर्मा

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 22/07/2026

Signature of the insured अमरनाथ वर्मा

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 ..... अमरनाथ वर्मा  
Occupation .....  
Address .....  
.....  
.....

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



# GOVERNMENT OF UTTAR PRADESH

## Transport Department DEORIA

### FORM 23

### CERTIFICATE OF REGISTRATION

Registration No : UP52CH1151 Registration Date : 30-Jun-2025  
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW  
 Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA, . . 190-274001  
 Owner Name : AMARNATH VARMA Son/wife/daughter of : SUDARSHAN VARMA  
 Full Address: (Permanent) : VILL- RAMJANKI KALONI NAGARA, PANCHAYAT PO- GAURI BAZAR, DEORIA, DEORIA, UTTAR PRADESH-274202  
 Full Address: (Temporary) : VILL- RAMJANKI KALONI NAGARA, PANCHAYAT PO- GAURI BAZAR, DEORIA, DEORIA- UTTAR PRADESH-274202

Fitness UpTo : 29-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	Rear HSRP No	: AA1043057904
Front HSRP No	: AA2131929178	Month/Year of Manuf.	: 06/2025
Type of Body	: SOLO WITH PILLION	Chassis No	: MBLHAW489SHF45558
No of Cylinders	: 1	Fuel	: PETROL
Engine No	: HA11F7SHF62351	Cubic Capacity	: 97.20
Horse Power(BHP)	: 8.17	Wheel base	: 1235
Maker's Classification	: SPLENDOR+ (DRS)	Standing Cap	: 0
Seating Cap(in all)	: 2	Unladen Wt (kgs)	: 113
Sleeper Cap	: 0	Laden/GV Wt (kgs)	: 243
Colour	: Black Heavy Grey	AC Fitted	: NO
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 HERO FINCORP LTD, DEORIA, . . Deoria, Uttar Pradesh-274001 w.e.f. 26-Jun-2025.

Purchase dt	: 24-Jun-2025	Sale Amt	: 78776/-
OTT Date	: 24-Jun-2025	Amount/Rcpt No	: 7878 / UP52D25060003750
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED

#### Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 30-Jun-2025 to 29-Jun-2040

Date : 16-Jul-2025 10:26:17

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
Date : 16-Jul-2025



Q 3565108

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01214063570, (GSTIN: 09AAACT062TR4ZU)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-5 Years)	Policy Issued On	23-JUN-25
Policy No	252400/31/2026/24393	Proposal No. & Date	R/252400/31/2026/17089 & 23-JUN-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 18:10 ON 23/06/2025 TO MIDNIGHT OF 22/06/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 18:10 ON 23/06/2025 TO MIDNIGHT OF 22/06/2026
Insured Name	AMARNATH VARMA (GSTIN: )	Lead / Breakin No	/
Insured Address	C/O SUDARSHAN VARMA, VILL- RAMJANKI KALONI, NAGARPANCHAYAT, POST-GAURI BAZAR, DEORIA, NA,	Insured State	UTTAR PRADESH

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	HA11F7SHF62351 - MBLHAW489SHF45558			IMF 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					

Schedule Of Premium (Amount in Rs.)

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 Extra (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
<b>Deductibles</b>		PA Paid Driver, Conductor, Cleaner-GK36E3	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	Krichh Kalpan Cess@0.50%	0
<b>Add-On Coverages</b>		Gross Premium Paid	4899
NIL Depreciation	187	Note:	
Return to Invoice	0	1. Policy Issuance is the subject to the realisation of cheque	
Key Replacement	0	2. Consolidated Stamp Duty paid via Challan No	
Consumables	0	3. The Policy is subject to a compulsory Deductible of Rs. 0 (IMT-22)	
Sub Total Add-on Coverages	187	4. Voluntary excess Rs(0)	
Net own Damage Premium(A)	300	5. Subject to Endorsements IMT,7,10,28,	

Nominee Details :		Nominee Name	Age	Relation
Payment Details :		Payment Method	Cheque No./Transaction No.	Bank Name
Financier Type		Financier Name	HERO FINCORP LTD.	Financier Branch
POS Name	NA	POS ID	NA	POS PAN NO/Aadhar No
		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, DMTs 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 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 this 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 23-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 luggage) (3) Organized racing (4) Pace Making (5) Speed testing (6) Reliability trials (7) 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

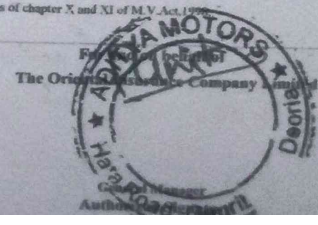
**Limits of Liability Clause:** Under section II-1 (i) of the policy - Death of or body injury. Such amount is necessary to meet the requirements of the motor vehicle act 1988. Under Section II-1 (ii) of the policy - Damage to third party property is Rs.7.5 lakhs P.A. Cover under section III for owner-Driver is RS


**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/SOP 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 : 6092588AD  
Approved On : 23-JUN-25  
Place : MBT  
Printed On : 23-JUN-25




  
भारत सरकार  
Government of India

  
अमरनाथ वर्मा  
Amarnath Varma  
जन्म तिथि/ DOB: 22/05/1994  
पुरुष / MALE



2097 6938 7014




मेरा आधार, मेरी पहचान

  
आधार  
भारत सरकार  
Unique Identification Authority of India

पता:  
आत्मज: सुदर्शन वर्मा, ग्राम-  
रामजानकी कालोनी नगरपंचायत  
गौरी बाज़ार, नामे गौरी, देवरिया,  
उत्तर प्रदेश - 274202

Address:  
S/O: Sudarshan Varma, Village-  
Ramjanki Kaloni  
Nagarpanchayat Gauri Bazar,  
Name Gauri, Deoria,  
Uttar Pradesh - 274202

2097 6938 7014

 1947  
 help@uidai.gov.in  
 www.uidai.gov.in

आयकर विभाग

INCOME TAX DEPARTMENT

AMARNATH VARMA

SUDARSHAN VARMA

22/05/1994

Permanent Account Number

ASFPV7378F

सुदर्शन वरमा

Signature



भारत सरकार

GOVT. OF INDIA



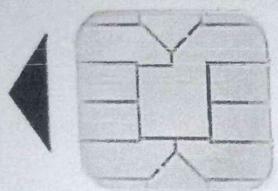
26081013



# Indian Union Driving Licence Issued by Uttar Pradesh



## UP52 20230002035



Issue Date **06-02-2023**    Validity (NT) **05-02-2033**    Validity(TR)  
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Holder's Signature

Date of First Issue (06-02-2023)

Name: **DHARMENDRA VERMA**  
Date of Birth: **01-01-1993**    Blood Group:    Organ Donor: **N**  
Son/Daughter/Wife of: **SUDRSHAN VERMA**  
Address:  
**ward no 1 golghar gauri bazar Name Gauri**  
**Deoria Uttar Pradesh 274202**

DL No: **UP52 20230002035**

UPDL000010314723



Invalid Carriage (Regn Numbers)<sup>#</sup>

Hazardous Validity<sup>#</sup>    Hill Validity<sup>#</sup>

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number <sup>#</sup>	Badge Issued Date <sup>#</sup>	Badge Issued By <sup>#</sup>
	MCWG	UP52	06-02-2023	NT			
	LMV	UP52	06-02-2023	NT			

Emergency Contact Number

*[Signature]*  
Licensing Authority  
UP52 DEORIA

Form 7 Rule 16(2)