

**D P MOTORS**

BHAVAN SANKHYA 0282, SARAF COMPLEX,, SUMER SAGAR, NEAR VIJAY CHOWK, GORAKHPUR, GORAKHPUR, 273001, UP, India

State Code: 9 Contact: 9151025502, . .

GSTIN No: 09AALFD0651P1Z0

Authorized Dealer: Hero MotoCorp Ltd.

**ESTIMATE**

Estimate No.	11790-05-REST-1125-43	Date	19-11-2025
Customer Name	UMESH AGRAWAL	Contact No.	9415418798
VIN	MBLJAW174N9M50785	Model	SUPER SPLENDOR
Insurance Company		Reg No.	UP53EX8435
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	53200AAF400S -STEM COMP STRG	87141090	Paid	687.29	1	9.00	9.00	0.00	0.00	0.00	0.00	811.00
2	51410AAF400S -"PIPE COMP, FR FORK"	87141090	Paid	898.31	2	9.00	9.00	0.00	0.00	0.00	0.00	2,120.00
3	61101AAGA00RS -FENDER FRONT (BLACK NH-1 (R))	87141090	Paid	983.90	1	9.00	9.00	0.00	0.00	0.00	0.00	1,161.00
4	61301AAGA00RS -VISOR FR BLK	87141090	Paid	413.56	1	9.00	9.00	0.00	0.00	0.00	0.00	488.00
5	3310BAAGA0099S -LIGHT ASSY HEAD	85122010	Paid	521.19	1	9.00	9.00	0.00	0.00	0.00	0.00	615.00
6	64100AAGA00S -WIND SCREEN	87141090	Paid	288.98	1	9.00	9.00	0.00	0.00	0.00	0.00	341.00
7	61303AAGA00S -FRONT COWL CHROME	87141090	Paid	144.07	1	9.00	9.00	0.00	0.00	0.00	0.00	170.00
8	53100AAGA00S -PIPE STRG HANDLE	87141090	Paid	429.66	1	9.00	9.00	0.00	0.00	0.00	0.00	507.00
Parts Total											0.00	6,213.00

**Labour Details**

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	307004 - HANDLE BAR (R/R)-SUPER SPLENDOR	998729	Paid	121.00	9.00	9.00	0.00	0.00	0.00	0.00	142.78
2	301003 - FENDER COMP FRONT (R/R)-SUPER SPLENDOR	998729	Paid	87.00	9.00	9.00	0.00	0.00	0.00	0.00	102.66
3	307011 - STEM COMPSTRG (Dismantle/ Assemble )-SUPER SPLENDOR	998729	Paid	291.00	9.00	9.00	0.00	0.00	0.00	0.00	343.38
4	301007 - SET FR VISOR (R/R)-SUPER SPLENDOR	998729	Paid	109.00	9.00	9.00	0.00	0.00	0.00	0.00	128.62
Jobs Total										0.00	717.44

Parts Total	6,213.00
Labour Total	717.44
SGST (Parts) 9%	473.87
CGST (Parts) 9%	473.87
SGST (Labour) 9%	54.72
CGST (Labour) 9%	54.72
<b>Total</b>	<b>6,930.44</b>

Rupees in Words: Six Thousand Nine Hundred Thirty and paise Fourty Four Only

Authorised Signatory

1. Terms Cash

2. Prices &amp; statutory levies prevailing at the time of delivery shall be charged

11790 - Extn Counter W/S



To / सेवा में,  
The Oriental Insurance Co Ltd /  
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

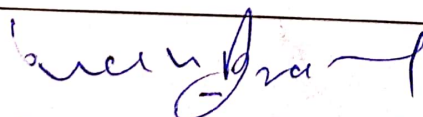
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र.

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.	UMESH AGRAWAL 9415418798
2	Vehicle No. / वाहन संख्या	UP53 EX-8435
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/426120
4	Period of Insurance / बीमा अवधि	13/04/2026.
5	Date of loss & Time / दुर्घटना का दिनांक & समय	18/11/2025 & 11:00 Am
6	Place of Accident / दुर्घटना का स्थान	GORAKHPUR
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UMESH AGRAWAL UP53 20150032626.
8	Estimated Loss / अनुमानित हानि	5000/-
9.	Cause of Accident / दुर्घटना का कारण :	इंड्रानाथ विहार से हरिऔग जंक्शन जाने समय अचानक एक आर्ये बाला चकर मार्त फिपा मिलते जाते सति गृह हो गया।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	SELF SURVEY
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	No.
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	HERO D.P. MOTOR SUMER SAGAR GORAKHPUR

Date / दिनांक : 12/11/2025  
हस्ताक्षर

  
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. MS/2025/700/0/46575/

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

Period of Insurance 13.04.2026 -

02.06.20

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 : UMESH AGRAWAL  
(b) Address for correspondence : CT NEMA ROAD GOPAKHPOUR  
(c) Telephone : 9415416798

2. THE INSURED VEHICLE

Make & Year <u>Hero &amp; 2025</u>	Engine No. <u>009600</u> Chassis No. <u>50765</u>	Registration No. <u>UPS3</u> <u>EX. 9435</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

II. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need be answered in commercial vehicles only:

- (a) Registered laden weight : 252  
(b) Unladen Weight : 122  
(c) Weight of goods carried/Load Challan No. : NO  
(d) Nature of permit : CTP  
(e) Nature of goods carried : NO  
(f) Was the vehicle plying for hire : Yes.  
(g) If Lorry/Jeep/Tractor, was trailer attached? : NO  
(h) Number of passengers carried : 01  
(i) Number of Passenger permitted : 02



### 3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : UMESH AGRAWAL  
 (b) Age : 50.  
 (c) Address : PRAKASH HOTEL GORAKHPUR  
 (d) Is the Driver :  
 1. Owner : L  
 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 : UPS320150032626  
 (h) Issuing Authority : RTD - GUP.  
 (i) Date of Expiry : 15/12/2025  
 (j) Was the licence temporary/permanent : 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 : 10/11/2025 & 11:00 Am.  
 (b) Place : GORAKHPUR  
 (c) Speed of vehicle at the time of accident : 40  
 (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 & Right Damage  
 (b) Estimated cost of repairs : 5000/-  
 (c) When and where can the damaged vehicle be inspected :

### 7. THIRD PARTY INJURY/PROPERTY DAMAGE

- (a) Name : No  
 (b) Address : No  
 (c) Full Details of personal injury sustained : No  
 (d) Name and address of any person/hospital giving medical attention to injured person : No  
 (e) Full details of property damaged : No  
 (f) Has notice of any claim been given to you? : No.



### 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 : NO  
 (b) Did a Police Constable take particulars of  
 The accident? : NO  
 (c) Was accident reported to Police? If not, Why? : NO  
 (d) If yes, to which Police Station? : NO  
 (e) Date and Diary No. : NO

### 10. THEFT

- (a) Date and Time : NO  
 (b) Place : NO  
 (c) What was stolen? : NO  
 (d) Estimated cost of replacement? : NO  
 (e) By whom discovered and reported? : NO  
 (f) Has theft been reported to Police? : NO  
 (g) When? : NO  
 (h) Which Policy Station? : NO  
 (i) C.R. diary Number : NO

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 \_\_\_\_\_ 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 .....

Occupation .....

Address .....

Bank Account Number .....

Name of the Bank .....



# Proposal Two-Wheeler Package Contract - Bundled



25/7001/K/46575/426120

Private Limited

Ground Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) India

us at:

Phone: +91 79410 50643

Email: info@motorsathi.com

Visit the help section of [www.motorsathi.com](http://www.motorsathi.com)

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
UMESH AGRAWAL	1975-12-16	9415418798	VISHWANATH AGRAWAL	Hero Motocorp	SUPER SPLENDOR	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
DRUM SELF CAST BLA	UP53EX8435	JA07ABN9M00800	MBLJAW174N9M50785	2024-04-16	125	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
66500.00	NA	0.00	0.00	0.00	66500.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (Incl. GST)	
	Solo		---	2	1267.70	
Address			City / District	Pin Code	State	
312 PURDILPUR BEHIND PRAKASH HOTAL SHAHI BUILDING CINEMA ROAD PO-GOGHAR PS-KOTWALI				273001	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
MONI AGRAWAL	Female	44 Years	WIFE	2025-04-14 14:12	Midnight of 2026-04-13	
Section A, VRC: 890.23 TCR: 313.88 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (25%): 317.94 Total with GST(A) 886.17						
Section B, EC: 0.00 EC Service: 0.00 ECPD: 0.00 Sub Total: 0.00 TAC: 0.00 ENC: 0.00 EDC: 0.00 MCPD: 0.00 Total(B): 0.00 GST (CGST @9% + SGST @9%) (B): 0.00 Total with GST(B): 0.00						
Section C, MS Services(O): 0.00 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @9% + SGST @9%): 0.00 Total MS Services with GST(C): 0.00						
Section D, Drive Assure: 323.33 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 58.20 Total with GST(D): 381.53						
Total(Section A+B+C+D) Offered Price After Discount: 1268						
Package Period Covered	2025-04-14 To 2026-04-13	2026-04-14 To 2027-04-13	2027-04-14 To 2028-04-13	2028-04-14 To 2029-04-13	2029-04-14 To 2030-04-13	
ADV	66500	NIL	NIL	NIL	NIL	
MS Services Period Covered (NODL)	1 Year	NIL	NIL	NIL	NIL	

Section A, VRC: 890.23 TCR: 313.88 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (25%): 317.94 Total with GST(A) 886.17

Section B, EC: 0.00 EC Service: 0.00 ECPD: 0.00 Sub Total: 0.00 TAC: 0.00 ENC: 0.00 EDC: 0.00 MCPD: 0.00 Total(B): 0.00 GST (CGST @9% + SGST @9%) (B): 0.00 Total with GST(B): 0.00

Section C, MS Services(O): 0.00 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @9% + SGST @9%): 0.00 Total MS Services with GST(C): 0.00

Section D, Drive Assure: 323.33 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 58.20 Total with GST(D): 381.53

Total(Section A+B+C+D) Offered Price After Discount: 1268

Package Period Covered	2025-04-14 To 2026-04-13	2026-04-14 To 2027-04-13	2027-04-14 To 2028-04-13	2028-04-14 To 2029-04-13	2029-04-14 To 2030-04-13
ADV	66500	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 2029-04-13 (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 Reward b) Carriage of goods (other than samples or personal luggage) c) Organized Racing d) Pace Making e) Speed Testing f) Reliability Trials g) Any purpose in connection with Motor Trade.

**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](http://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 1 lakh 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](http://www.motorsathi.com) Customer Care / Toll Free Phone No.: 7941050643 email id: info@motorsathi.com



**IMPORTANT NOTICE:** The coverage 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. All disputes arising out of or in connection with this agreement shall be subject to the exclusive jurisdiction of the courts at Aligarh.

#: Received with Thanks Rs 1267.7 ON 2025-04-13 from Mr./Ms. UMESH AGRAWAL against the ARN No, INCP00426120

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

*Justa*  
D.P. MOTORS  
Seraf Complex, Samar Sagar  
Gorakhpur (U.P.)  
Mob: 91510 1913102/502





# GOVERNMENT OF UTTAR PRADESH

Transport Department Gorakhpur RTO

FORM 23

## CERTIFICATE OF REGISTRATION

Registration No : UP53EX343E Registration Date : 15-Apr-2024  
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW  
 Dealer's Name & Address : D P MOTORS, OPP. MAM ENG. COLLEGE, DEORIA ROAD, GORAKHPUR, 736-273010  
 Owner Name : UMESH AGRAWAL Son/wife/daughter of : KISHAN NATH AGRAWAL  
 Full Address: (Permanent) : 312 PURDILPUR GORAKHPUR BEHIND, PRAKASH HOTEL SHAHI BUILDING, CINEMA ROAD, GORAKHPUR, UTTAR PRADESH-273001  
 Full Address: (Temporary) : 312 PURDILPUR GORAKHPUR BEHIND, PRAKASH HOTEL SHAHI BUILDING, CINEMA ROAD, GORAKHPUR, UTTAR PRADESH-273001  
 Fitness Up To : 15-Apr-2039 Owner Serial No :  
 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 : AA2096549170 Rear HSRP No : AA2096637561  
 Type of Body : SOLO WITH FILLION Month/Year of Manuf : 12/2022  
 No of Cylinders : 1 Chassis No : MBLJAW174N9M50785  
 Engine No : JAB7ASNGM00600 Fuel : PETROL  
 Horse Power(BHP) : 10.72 Cubic Capacity : 124.70  
 Maker's Classification : SUPER SPLENDOR DR BLA Wheel base : 1267  
 OK&ACCENT  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleeper Cap : 0 Unladen Wt (kgs) : 122  
 Colour : BLACK AND ACCENT 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	: 15-Apr-2024	Sale Amt	: 79728/-
OTT Date	: 15-Apr-2024	Amount/Rcpt No	: 7973 / UP53D24040004843
Vehicle is Govt/ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 26-Apr-2024		

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

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

This certificate is valid from 16-Apr-2024 to 15-Apr-2039

Date : 03-May-2024 14:55:06

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 03-May-2024

P 7757986

Government of Uttar Pradesh Government of Uttar Pradesh  
 Government of Uttar Pradesh Government of Uttar Pradesh



आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

UMESH AGRAWAL

VISHWA NATH AGRAWAL

16/12/1975

Permanent Account Number  
AFVPA2169N


*Umesh Agrawal*

Signature





09112005

*Umesh Agrawal*





**UNION OF INDIA Driving Licence**
UP
NT

**UP53-20150032626**

	जारी करने की तिथि Date of Issue 01/12/2015	वैधता / Validity 15/12/2025	
नाम / Name <b>UMESH AGRAWAL</b>	जन्म तिथि Date of Birth 16/12/1975	Blood Group Unknown	
पिता/पति का नाम / Son/Daughter/Wife of <b>VISHWANATH AGRAWAL</b>			

*Umesh Agrawal*

**UP53 20150032626**
UP03303868MT

		
LMV 01/12/2015	MCWG 01/12/2015	

पता / Address  
 H.NO-312 PURDILPUR SHAHI  
 BUILDING CINEMA ROAD  
 BEHIND PRAKASH HOTEL GORAKHPUR -

जारीकर्ता / Issuing Authority Sign  
 GORAKHPUR

Holder's Signature

Form 7 Rule 16(2)





भारतीय विशिष्ट पहचान प्राधिकरण  
भारत सरकार  
Unique Identification Authority of India  
Government of India

नामांकन क्रम/ Enrolment No.: 2016/00028/04413

To  
उमेश अग्रवाल  
Umesh Agrawal  
S/O: Vishwanath Agrawal  
312  
Purdilpur  
Behind Prakash Hotel  
Shahi Building Cinema Road  
Gorakhpur  
Gorakhpur  
Gorakhpur Uttar Pradesh - 273001  
9336429288

Download Date: 18/11/2017

Generation Date: 21/12/2014

Validity: unknown  
Date of Birth: 16/12/1975  
Date of Issue: 21/12/2014  
Date of Expiry: 21/12/2014



आपका आधार क्रमांक / Your Aadhaar No. :

6430 9354 0982

मेरा आधार, मेरी पहचान



भारत सरकार  
Government of India



उमेश अग्रवाल  
Umesh Agrawal  
जन्म तिथि/DOB: 16/12/1975  
पुरुष/ MALE

6430 9354 0982

मेरा आधार, मेरी पहचान



सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- पहचान का प्रमाण ऑनलाइन ऑथेंटिकेशन द्वारा प्राप्त करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- To establish identity, authenticate online.
- This is electronically generated letter.

- आधार देश भर में मान्य है।
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