

CU1000 202001145673

**DRISHTI AUTOMOBILES**

BHAGALPUR, SALEMPUR, DEORIA, 274602, UP, India

State Code: 9 Contact: 7052758220, , ,

GSTIN No: 09BYHPS7206N1ZP

Authorized Representative of Dealer: Hero MotoCorp Ltd.

**ESTIMATE**

Estimate No.	64512-03-REST-0126-111	Date	08-01-2026
Customer Name	MUNNA KUMAR BHARTI	Contact No.	7800504951
VIN	MBLHAW116LHL15854	Model	SPLENDOR +
Insurance Company	MOTORSATHI SOLUTIONS	Reg No.	UP52BJ6926
HMCGL Card No	1115320840008572	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	83410AAE300SS -FR VISOR BLACK NH 1 TYPE 2	87141090	Paid	866.95	1	9.00	9.00	0.00	0.00	0.00	0.00	1,023.00
2	3310AKCC710AS -LIGHT ASSY. HEAD(W/O BULB)	85122010	Paid	360.17	1	9.00	9.00	0.00	0.00	0.00	0.00	425.00
3	83402AAE710S -PANEL INNER	87141090	Paid	236.44	1	9.00	9.00	0.00	0.00	0.00	0.00	279.00
4	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
5	88120AAEH31S -MIRROR ASSEMBLY LEFT BACK	70091090	Paid	118.64	1	9.00	9.00	0.00	0.00	0.00	0.00	140.00
6	83500AAE200VS -R SIDE COVER (NH-35M)	87141090	Paid	597.46	1	9.00	9.00	0.00	0.00	0.00	0.00	705.00
<b>Parts Total</b>											0.00	3,032.00

**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	400.00	9.00	9.00	0.00	0.00	0.00	0.00	472.00	
<b>Jobs Total</b>											0.00	472.00

Parts Total	3,032.00
Labour Total	472.00
SGST (Parts) 9%	231.25
CGST (Parts) 9%	231.25
SGST (Labour) 9%	36.00
CGST (Labour) 9%	36.00
<b>Total</b>	<b>3,504.00</b>

Rupees in Words: Three Thousand Five Hundred 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
- #HeroMotocorp can further contact you via Call, SMS or email for feedback or to give information about New launches.

64512 - Main W/S

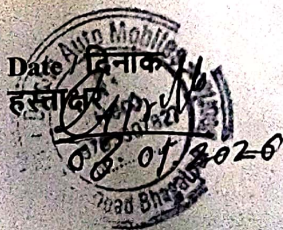
To / सेवा में,  
The Oriental Insurance Co Ltd /  
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

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.	MUNNA KUMAR BHARTI 7800504951
2	Vehicle No. / वाहन संख्या	UP52-BJ-8926
3	Policy No. / पालिसी संख्या	ms/2025/7001/0146575/422917
4	Period of Insurance / बीमा अवधि	03.04.2025 to 02.04.2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	06.01.2026 to 08:00 AM
6	Place of Accident / दुर्घटना का स्थान	राजपुरा-
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	RAMDULARE PRASAD = 7800504951 UP52-20230004601
8	Estimated Loss / अनुमानित हानि	As from DMSF
09.	Cause of Accident / दुर्घटना का कारण:	मैं मुन्ना कुमार सेरी गाड़ी है जो राई लाहव चलाते हैं जो कि है रामदुलार प्रसाद मिली क्राफ से चौराहे पर जा रहे थे वहां पर सामने से शरिका धारती थी डूली से लड गये जिस से गाड़ी टूट गयी
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	Chirder: Vishwanath
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.	Drish H Auto MOBILES Bhojpur - 9305394787



मुन्ना कुमार  
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 Meerut-

Certificate/Policy MS/2025/2001/0146575/422917

Tel. No.

Period of Insurance 02.04.2026

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 : MUNNA KUMAR BHOWDI  
 (b) Address for correspondence : PORSIYA.  
 (c) Telephone :

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2021</u>	Engine No. <u>HA1HEVLH16449</u> Chassis No. <u>MBLHAW116LH15854</u>	Registration No. <u>UP52-BJ</u> <u>6926</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?  
 (c) Was trailer attached?  
 (d) If a Motor Cycle/scooter Motor cycle-  
 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 : 126 kg-  
 (b) Unladen Weight : 256 kg-  
 (c) Weight of goods carried/Load Challan No. :  
 (d) Nature of permit : good  
 (e) Nature of goods carried : good-  
 (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 : Ramdulax Prasad  
(b) Age : 10.08.1986  
(c) Address : Porsiya.  
(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 : NA-  
(f) Was he under the influence of intoxication Liquor or drugs? : NA-  
(g) Driving Licence Number : UP52-20230004601.  
(h) Issuing Authority : RTO-24-03-2023  
(i) Date of Expiry : 23.03.2033  
(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 : 06.01.2026 to 08:00 AM  
(b) Place : Porsiya.  
(c) Speed of vehicle at the time of accident : 20km  
(d) Give a short description of the accident : श्रीमती दातु है एनाल एट साई  
(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 and RH side-  
(b) Estimated cost of repairs : As per DMV/-  
(c) When and where can the damaged vehicle be inspected :

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 : NA-  
(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 Police 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 08.01.2026 200-



Signature of the insured मुन्ताजुमार

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 सुनील कुमार .....

Occupation .....

Address .....

.....

.....

Bank Account Number .....

Name of the Bank .....

# Program Proposal Two-Wheeler Package Contract - Bundled



Contract No.: MS/2025/7001/O/46575/422917

Motorsathi Care Private Limited  
 B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) India  
 Contact 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	
MUNNA KUMAR BHARTI	1993-06-13	7800504951	GORAKH PRASAD	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
DRUM SELF E20	UP52BJ6926	HA11EVLHL16449	MBLHAW116LJHL15854	2021-01-12	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
32000.00	NA	0.00	0.00	0.00	32000.00	
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	1004.87	
Address			City / District	Pin Code	State	
VILL. PARASIA KARKATHI, PO PIPRA SHUKLA, DEORIA SALEMPUR, Deoria - 274501				274501	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
REKHA	Female	25 Years	Wife	2025-04-03 12:06	Midnight of 2026-04-02	

Section A. VRC: 524.77 TCR: 377.60 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (20%): 122.40 Total with GST(A) 779.97  
 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: 190.59 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 34.31 Total with GST(D): 224.90  
**Total(Section A+B+C+D) Offered Price After Discount: 1005**

Package Period Covered	2025-04-03 To 2026-04-02	2026-04-03 To 2027-04-02	2027-04-03 To 2028-04-02	2028-04-03 To 2029-04-02	2029-04-03 To 2030-04-02
ADV	32000	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 2025-12-02 (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/ Not. 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, non-disclosure 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 1lakh 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.: 794105064  
 email id: [info@motorsathi.com](mailto: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 1004.87 ON 2025-04-03 from Mr./Ms. MUNNA KUMAR BHARTI against the ARN No. INCP00422917  
 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

**Transport Department Deoria**  
**FORM 23**  
**CERTIFICATE OF REGISTRATION**

Registration No : UP52BJ6926 Registration Date : 12-Jan-2021  
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing PC : NEW  
 Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA, ...  
 Owner Name : MUNNA KUMAR BHARTI Son/wife/daughter of : GORAKH PRASAD  
 Full Address: (Permanent) : VILL PARASIA KARKATHI, PO PIPRA SHUKLA, DEORIA SALEMPUR, DEORIA, UTTAR  
 PRADESH-274501  
 Full Address: (Temporary) : VILL PARASIA KARKATHI, PO PIPRA SHUKLA, DEORIA SALEMPUR, DEORIA-UTTAR  
 PRADESH-274501

Fitness Up To : 11-Jan-2036 Tax Up To : One Time  
 Owner Serial No : 1

Detailed Description : M-CYCLE/SCOOTER Link Vehicle No : BHARAT STAGE VI  
 Class of Vehicle : INDIVIDUAL Norms :  
 Ownership : HERO MOTOCORP LTD  
 Maker's Name : AA2025636672 Rear HSRP No : AA2028704219  
 Front HSRP No : SOLO WITH PILLION Month/Year of Manuf. : 11/2020  
 Type of Body : 1 Chassis No : MBLHAW116LHL15854  
 No of Cylinders : HA11EVLHL16449 Fuel : PETROL  
 Engine No : 701 Cubic Capacity : 97.20  
 Horse Power(BHP) : SLENDOR (SEEF-DRUM) Wheel Base : 236  
 Maker's Classification : CAST) Standing Cap : 0  
 Seating Cap(in all) : 2 Unladen Wt (kgs) : 111  
 Sleeper Cap : 0 Laden/GV Wt (kgs) : 241  
 Colour : BLACK-SILVER-STR AC Fitted : NO  
 Other Criteria : 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 M.E.A.  
 Purchase dt : 02-Jan-2021 Sale Amt : 63175/-  
 OTT Date : 02-Jan-2021 Amount/Rept No : 6318 / UP52021010000674  
 Tax Up To : One Time Vehicle is Govt/ Pvt : PRIVATE  
 Tax Exempted or Not : NOT EXEMPTED Date of Approval : 12-Jan-2021

Other State/Transfer/Conversion Details :  
 Previous Owner :  
 Old State :  
 Transfer Date :

Previous RegNo :  
 Entry Date :  
 Conversion Date :

This certificate is valid from 12-Jan-2021 to 11-Jan-2036

Signature of Registering Authority  
 Date : 30-Jan-2021



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

**UP52 20230004601**



Issue Date: 24-03-2023    Validity (NT): 23-03-2033    Validity (TR): \_\_\_\_\_



Holder's Signature

Date of First Issue (24-03-2023)

Name: **RAMDULARE PRASAD**  
 Date of Birth: 10-08-1986    Blood Group: \_\_\_\_\_    Organ Donor: **N**  
 Son/Daughter/Wife of: **GORAKH PRASAD**  
 Address:  
 gram parsiya karkathrai santosh nagar  
 Pipra Shukla Deoria Uttar Pradesh 274501

**DL No: UP52 20230004601**

UPDL000010801141



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*
MCWE	MCWE	UP52	24-03-2023	NT			
LMV	LMV	UP52	24-03-2023	NT			
MYSO							

Form 7 Rule 16(2)

Emergency Contact Number

*[Signature]*  
 Licensing Authority  
 UP52 DEORIA



भारत सरकार

Government of India

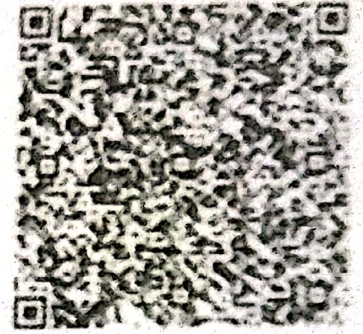


मुंना कुमार भारती

Munna Kumar Bharti

जन्म तिथि / DOB : 13/06/1993

पुरुष / Male



6581 4087 2045

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:

आत्मज: गोरख प्रसाद, परसिया  
करकटही, पिपरा शुकला, देवरिया,  
पिपरा शुकुल, उत्तर प्रदेश, 274501

Address:

S/O: Gorakh Prasad, parasia  
karkathi, Pipra Shukla, Deoria,  
Pipara Shukul, Uttar Pradesh,  
274501

6581 4087 2045

1047  
1800 300 1047



help@uidai.gov.in

WWW

www.uidai.gov.in



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**'FORM NO. 60 [See second proviso to rule 114B]**

Form for declaration to be filed by an individual or a person (not being a company or firm) who does not have a permanent account number and who enters into any transaction specified in rule 114B

1	First Name	MUNNA	2	Date of Birth/ Incorporation of declarant							
	Middle Name	KUMAR		D	D	M	M	Y	Y	Y	Y
	Surname	BHARTI		13	06	19	93				
3	Father's Name (in case of individual)	GORAKH	5	First Name							
	Middle Name	PRASAD		Middle Name							
	Surname			Surname							
4	Flat/ Room No.	NA-	5	Floor No.	NA-						
6	Name of premises	NA-	7	Block Name/No.	NA						
8	Road/ Street/ Lane	Poo Sijya-	9	Area/ Locality	Rashtri-						
10	Town/ City	Salempur-	11	District	Deoria-	12	State	UP			
13	Pin code	274501.	14	Telephone Number (with STD code)		15	Mobile Number	7800504951			
16	Amount of transaction (Rs.)		18	In case of transaction in joint names, number of persons involved in the transaction							
17	Date of transaction	D D M M Y Y Y Y									
19	Mode of transaction: <input type="checkbox"/> Cash, <input type="checkbox"/> Cheque, <input type="checkbox"/> Card, <input type="checkbox"/> Draft/Banker's Cheque, <input type="checkbox"/> Online transfer, <input type="checkbox"/> Other										
20	Aadhaar Number issued by UIDAI (if available)										
21	If applied for PAN and it is not yet generated enter date of application and acknowledgement number										
22	If PAN not applied, fill estimated total income (including income of spouse, minor child etc. as per section 64 of Income-tax Act, 1961) for the financial year in which the above transaction is held										
23	a	Agricultural income (Rs.)						24	Details of document being produced in support of identify in Column 1 (Refer Instruction overleaf)		
	b	Other than agricultural income (Rs.)							Details of document being produced in support of address in Columns 4 to 13 (Refer Instruction overleaf)		
		Docu ment code	Document identification number		Name and address of the authority issuing the document						
		Docu ment code	Document identification number		Name and address of the authority issuing the document						

**Verification**

I, Munna Kumar Bharti do hereby declare that what is stated above is true to the best of my knowledge and belief. I further declare that I do not have a Permanent Account Number and my/ our estimated total income (including income of spouse, minor child etc. as per section 64 of Income-tax Act, 1961) computed in accordance with the provisions of Income-tax Act, 1961 for the financial year in which the above transaction is held will be less than maximum amount not chargeable to tax.

Verified today, the 08 day of 01 2025

Place: Bhagalpur- (Signature of declarant)

**Note:**

- Before signing the declaration, the declarant should satisfy himself that the information furnished in this form is true, correct and complete in all respects. Any person making a false statement in the declaration shall be liable to prosecution under section 277 of the Income-tax Act, 1961 and on conviction be punishable,-
  - in a case where tax sought to be evaded exceeds twenty-five lakh rupees, with rigorous imprisonment which shall not be less than six months but which may extend to seven years and with fine;
  - in any other case, with rigorous imprisonment which shall not be less than three months but which may extend to two years and with fine.
- The person accepting the declaration shall not accept the declaration where the amount of income of the nature referred to in item 22b exceeds the maximum amount which is not chargeable to tax, unless PAN is applied for and column 21 is duly filled.