

MOSARAM AUTO SALES

L.R.P.ROAD, LAKHIMPUR KHERI, LAKHIMPUR, KHERI, 262701, UP, INDIA
 State Code: 9 Contact: 7800009643, 7408404715, 7408404714, 7800009644
 GSTIN No: 09AAJFM3951B1ZD
 Authorized Dealer: Hero MotoCorp Ltd.

visor

ESTIMATE

Estimate No. 10730-03-REST-1125-591
 Customer Name SURENDR KUMAR
 VIN MBLJAW175LGK03770
 Insurance Company
 HMCGL Card No 1073025800001867
 Part Details

Date 11-11-2025
 Contact No. 9721434345
 Model SUPER SPLENDOR
 Reg No. UP31BS0772
 HMCGL Card Category Platinum

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	61300AAG100RS -FRONT COWL(NH-1 (TYPE-1))	87141090	Paid	1,214.41	1	9.00	9.00	0.00	0.00	0.00	0.00	1,433.00
2	3310AAAGH20S -LIGHT ASSY HEAD(W/O BULB)	85122010	Paid	521.19	1	9.00	9.00	0.00	0.00	0.00	0.00	615.00
3	6410AAAG300S -WIND SCREEN SUB ASSY	87141090	Paid	288.98	1	9.00	9.00	0.00	0.00	0.00	0.00	341.00
4	83402AAG300S -PANEL INNER	87141090	Paid	166.95	1	9.00	9.00	0.00	0.00	0.00	0.00	197.00
5	61303AAGA00S -FRONT COWL CHROME	87141090	Paid	144.07	1	9.00	9.00	0.00	0.00	0.00	0.00	170.00
6	3340AKTCA21S -WINKER ASSY R FR(W/O BULB)	85122010	Paid	148.31	1	9.00	9.00	0.00	0.00	0.00	0.00	175.00
7	61000AAGA00RS -FRONT FENDER NH-1	87141090	Paid	921.19	1	9.00	9.00	0.00	0.00	0.00	0.00	1,087.00
8	53175KSP900S -LEVER R STRG HNDL	87141090	Paid	97.46	1	9.00	9.00	0.00	0.00	0.00	0.00	115.00
9	53100AAGA00S -PIPE STRG HANDLE	87141090	Paid	429.66	1	9.00	9.00	0.00	0.00	0.00	0.00	507.00
10	53200KTC20S -STEM COMP STRG	87141090	Paid	1,175.42	1	9.00	9.00	0.00	0.00	0.00	0.00	1,387.00
11	51410KTC901S -PIPE COMP FR FORK	87141090	Paid	859.32	2	9.00	9.00	0.00	0.00	0.00	0.00	2,028.00
12	50803KTC900S -GUARD HLG	87141090	Paid	573.73	1	9.00	9.00	0.00	0.00	0.00	0.00	677.00
13	46544AAG900S -RR BRAKE P/DAL & ROD SUB ASSY	87141090	Paid	665.25	1	9.00	9.00	0.00	0.00	0.00	0.00	785.00
14	83500AAG500TS -R SIDE COVER	87141090	Paid	1,269.49	1	9.00	9.00	0.00	0.00	0.00	0.00	1,498.00
15	77240AAG500TS -R BODY COWL	87141090	Paid	663.56	1	9.00	9.00	0.00	0.00	0.00	0.00	783.00
16	18355AAG300S -COVER MUFFLER	87141090	Paid	297.46	1	9.00	9.00	0.00	0.00	0.00	0.00	351.00
Parts Total											0.00	12,149.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	102032 - ACCIDENTAL LABOUR-SUPER SPLENDOR	998729	Paid	1,695.00	9.00	9.00	0.00	0.00	0.00	0.00	2,000.10
Job Total										0.00	2,000.10

Parts Total	12,149.00
Labour Total	2,000.10
SGST (Parts) 9%	926.62
CGST (Parts) 9%	926.62
SGST (Labour) 9%	152.55

Total

14,149.10

Rupees in Words: Fourteen Thousand One Hundred Fourty Nine and paise Ten Only

Authorised Signatory

10730 - Main W/S

1. Terms Cash
 2. Prices & statutory levies prevailing at the time of delivery shall be charged
 3. Vehicles on 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 CITY Jurisdiction Only
- #HeroMotocorp can further contact you via Call, SMS or email for feedback or to give information about New launches

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

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.	सुनेन्द्र कुमार. 9121434345
2	Vehicle No. / वाहन संख्या	UP 31 BS 0772.
3	Policy No. / पालिसी संख्या	MS/2024/7001/0/46575/391725
4	Period of Insurance / बीमा अवधि	28/12/2024 से 27/12/2025
5	Date of loss & Time / दुर्घटना का दिनांक & समय	04/11/2025 1:00 PM.
6	Place of Accident / दुर्घटना का स्थान	फूलबहेड के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	सुनेन्द्र कुमार शर्मा, 9121434345 UP3120080040779
8	Estimated Loss / अनुमानित हानि	
09. Cause of Accident / दुर्घटना का कारण : फूलबहेड के पास सामने से साइ से टक्कर हो गई जिससे मेरी गाड़ी दीवार और गिरकर क्षतिग्रस्त 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.	MOSARRAM AUTO SALES, LRPR ROAD LAKHIMPUR KHERI, 9151154036

Date / दिनांक : 06/11/2025
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 MEERUT

Certificate/Policy No. MS/2024/70016/46575/3917

Tel. No.

Period of Insurance 28/12/2024 से 27/12/2025
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 : SURENDRA KUMAR
(b) Address for correspondence : VILL BADA GIRON AS- SISORA, THANA-PHODLBEHAD
(c) Telephone : 9721434345

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2021</u>	Engine No. <u>JA07KBLGK03586</u> Chassis No. <u>MBLAW175LGK03770</u>	Registration No. <u>UP31BS0712</u>
---	---	---------------------------------------

- (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
1. Was a side-car attached
2. Was a pillion rider carried

N/A

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 :

N/A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : SURINDER KUMAR SHUKLA
 (b) Age : 16-03-1984
 (c) Address : BADAGAN, PS-STSAURA, LAKHIMPUR-KHERI
 (d) Is the Driver
 1. Owner : Yes
 2. paid driver? : No
 3. Owner's relative or friend? : No
 (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 : UP31-20080040779
 (h) Issuing Authority : 25-06-2008
 (i) Date of Expiry : 24-06-2028
 (j) Was the licence temporary/permanent : Permanent
 (k) Details of endorsement/suspension, if any : No
 (l) Has he been involved in any accident before?: No
 (m) Has he been charged by the policy? If so, Why?: No

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

- (a) Date and Time : 04/11/2025 1:00 PM.
 (b) Place : फुलबहेड के पास
 (c) Speed of vehicle at the time of accident : 30-40
 (d) Give a short description of the accident : फुलबहेड के पास सामने से साइ से टक्कर हो गई
 (e) If any third party was responsible for this accident give the name and address : जिससे मेरी गाड़ी बायीं ओर मोड़कर मालि मस्त हो गयी

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND RIGHT
 (b) Estimated cost of repairs : MOSARAM AUTO SALES LRP ROAD
 (c) When and where can the damaged vehicle be inspected : LAKHIMPUR-KHERI

7. THIRD PARTY INJURY/PROPERTY DAMAGE

- (a) Name : N/A
 (b) Address : N/A
 (c) Full Details of personal injury sustained : N/A
 (d) Name and address of any person/hospital giving medical attention to injured person : N/A
 (e) Full details of property damaged : N/A
 (f) Has notice of any claim been given to you? : N/A

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 : _____
 (b) Did a Police Constable take particulars of
 The accident? : _____
 (c) Was accident reported to Police? If not, Why? : N/A
 (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? : N/A
 (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 06/11/2005

Signature of the insured [Signature]

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. UP31BS0722 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 [Signature]
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

FORM 60

[See third provision to of Rule 114B]

Form of Declaration to be filled by a person who does not have either permanent account number of general index Register Number and who makes payment in respect of transaction specified in clauses (c) to (f) of rule 114B of the income Tax Act, 1962.

1. Full Name and Address of the declarant Surendra Kumar S/o Sreeta
Krasad Bada GANON, PO- Sisaura, DIST- KHERI
UP, 261506

2. Particulars of transaction

Account Type Number

3. Amount of the transaction Rs.

4. Are you assessed to tax ?

Yes / No

5. If yes,

i) Details of Ward / Circle / Range where the last return of income was filed.

ii) Reasons for not having permanent account number / General Index Register Number

6. Details of document being produced in support of address in column (1)

Verification

I, do hereby declare that what is stated above is true to the best of my knowledge and belief.

Date 06/11/2025

Place KHERI

[Signature]

Signature of the declarant

Instructions: Documents which can be produced in support of the address are:

- Ration Card
- Passport
- Driving License
- Identity Card issued by any institution
- Copy of Electricity bill or Telephone bill showing residential address.
- Any document of communication issued by authority of Central Government or local bodies showing residential address.
- Any other documentary evidence in support of his address given in the declaration.

Note: Amendment with effect from 1st November, 1998 as per Income Tax Act, 1962 Rule 114 B: para (c) A time deposit exceeding Rs. 50,000/- with a banking company : para (f) opening an account with a Banking Company.



GOVERNMENT OF UTTAR PRADESH

Transport Department LAKHIMPUR KHERI

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP31BS0772 Registration Date : 05-Aug-2021
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : TO
 Dealer's Name & Address : M/S SHRI NARAIN AUTO, LMP ROAD GOLA, LAKHIMPUR-KHERI, -
 Owner Name : SURENDRA KUMAR Son/wife/daughter of : SHEETAL PRASAD
 Full Address: (Permanent) : VILL BADA GAON, POST SISORA, THANA PHOOLBEHAD, KHERI, UTTAR PRADESH-
 261506
 Full Address: (Temporary) : VILL BADA GAON, POST SISORA, THANA PHOOLBEHAD, KHERI-UTTAR PRADESH-
 261506

Fitness UpTo : 04-Aug-2036

Owner Serial No : 2

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 : AA2041387566 Rear HSRP No : AA2040450666
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 10/2020
 No of Cylinders : 1 Chassis No : MBLJAW175LGK03770
 Engine No : JA07ABLGK03586 Fuel : PETROL
 Horse Power(BHP) : 10.72 Cubic Capacity : 124.70
 Maker's Classification : SUPER SPLENDOR-DRUM-S Wheel base : 1273
 ELF-CAST
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 122
 Colour : HEAVY GREY 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	: 12-Jul-2021	Sale Amt	: 72600/-
OTT Date	: 12-Jul-2021	Amount/Rcpt No	: 7260 / UP31D21070002155
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 02-Nov-2022		
Other State/Transfer/Conversion Details			
Previous Owner	: S. APNIL MISHRA	Previous RegNo	:
Old State	:	Entry Date	:
Transfer Date	: 02-Nov-2022	Conversion Date	:

This certificate is valid from 05-Aug-2021 to 04-Aug-2036

Date : 02-Nov-2022 16:51:03

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date: 02-Nov-2022
 लखीमपुर-खीर

N 4169415

[Handwritten Signature]

[Handwritten Signature]

Government Uttar Pradesh Government Uttar Pradesh
 Government Uttar Pradesh Government Uttar Pradesh

Program Proposal Two-Wheeler Package Contract - Bundled

Package Contract No.: MS/2024-7001/0/46575-391725

Motorsathi Care Private Limited
B.D. Doss Compound Opposite DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001), India
Contact Us at:
Phone: 91-9410-50643
Email: info@motorsathi.com
Visit the help section of www.motorsathi.com

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
SURENDRA KUMAR	1984-03-16	9721434345	SURESH PRASAD	Hero Motocorp	SUPER SPLENDOR	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle T
DRUM SEIT CAST L20	UP31BS0772	JA07ABLGK03586	JA07ABLGK03776	2021-08-05	125	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
42000.00	NA	0.00	0.00	0.00	42000.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GS	
	Solo			2	1582.07	

Address	City / District	Pin Code	State
VILL BADA GAON POST SISORA THANA PHOOLBEHAD		201506	Uttar Pradesh

Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date
VIJAY KUMARI	Female	35 Years	WIFE	2024-12-28 16:04	Midnight of 2025-12-27

Sec. A ARC: 338.20 TCR: 346.92 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A): 685.12

Sec. B B+C: 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

Sec. C MS Services(O): 374.58 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @ 9% + SGST @ 9%): 67.42 Total MS Services with GST(C): 442.00

Sec. D Basic Assure: 385.55 AHDC, DOC & Additional External Tyre Cover(AETC): Other Discount: 0.00 GST (CGST @ 9% + SGST @ 9%): 69.40 Total with GST(D): 454.95

Total Section A+B+C+D Offered Price After Discount: 1582

Package Period Covered	2024-12-28 To 2025-12-27	2025-12-28 To 2026-12-27	2026-12-28 To 2027-12-27	2027-12-28 To 2028-12-27	2028-12-28 To 2029-12-27
ADV	42000	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 2026-07-11 (DETAILS ARE PROVIDED TO 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) Organized Race Making c) Speed Testing d) Reliability Trials e) Any purpose in connection with Motor Trade.


DRIVER: The person driving the vehicle must hold an effective driving license at the time of the accident and is not disqualified from Holding License. The person holding an effective License may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of 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. 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 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 false representation, 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 complies 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 Customer Care Toll Free Phone No. 794105 Email: info@motorsathi.com



IMPORTANT NOTICE: This package is valid only if the vehicle is used or driven otherwise than in accordance with this Schedule. Any payment made by the company shall be subject to the terms and conditions of the package. All disputes arising out of or in connection with this agreement shall be subject to the jurisdiction of the courts in the city of Lucknow, India.



Received with thanks Rs 1582.07 ON 2024-12-28 from Mr./Ms. SURENDRA KUMAR against the ARN No. INCP00391725
The package is subject to a compulsory excess of Rs. 100 - & Depreciation is applicable as per terms & conditions*
(Please turn to the back of the document for details) Consolidated Stamp Duty Paid Endorsements: INT - 22, 16, 18
Customer Service Address: B.Dass Compound Opposite DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001), India

[Handwritten signatures]



भारत सरकार
Government of India



Aadhaar no. issued: 15/01/2015



सुरेंद्र कुमार
Surendra Kumar
जन्म तिथि/DOB: 16/03/1984
पुरुष/ MALE

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).**

2771 9772 5813

मेरा आधार, मेरी पहचान



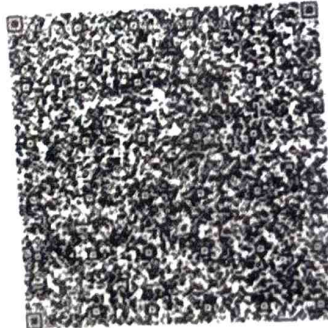
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
आत्मज: शीतल प्रसाद, बड़ा गांव, सिसौरा, खीरी,
उत्तर प्रदेश - 261506

Address:
S/O: Sheetal Prasad, Bada Gaon, PO: Sisaura, DIST:
Kheri,
Uttar Pradesh - 261506

Details as on: 29/07/2025



2771 9772 5813
VID : 9179 0173 9987 7560

1947

help@uidai.gov.in

www.uidai.gov.in

चालक अनुसंधान प्रारूप

संस्कृत-विश्व-विद्यालय

12

TRANSPORT DEPARTMENT, GOVERNMENT OF UTTAR PRADESH

Application for Services on Driving Licence

* Driving Licence Number

UP31 20080040779

* Date of Birth

16-03-1984

Personal Details and Particulars of existing Licence (Learners or Permanent) of the DL Holder

Name : SURENDRA KUMAR SHUKLA

Father's Name : SHITLA PRASAD SHUKLA

Date of Birth : 16-03-1984

Present Address: BADAGAON

POST SISAURA

LAKHIMPUR KHERI

[Handwritten Signature]

DRIVING
LICENCE
AVAILABLE

DL Holder Last Endorsed Details :

State- Uttar Pradesh
RTO - ASST.RTO, LAKHIMPUR KHERI

Class of Vehicles :

COV Abbr.

Issue Date & Issue Authority

LMV

ASST.RTO, LAKHIMPUR KHERI

MCWG

ASST.RTO, LAKHIMPUR KHERI



Validity Period

Non - Transport :
25-06-2008 to 24-06-2028

Select

* Confirmed that the above Driving Licence details are mine:



[Handwritten Signature] 9721434345

06-11-2025 02:58