

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.

ESTIMATE

Estimate No. 10730-03-REST-1125-587
 Customer Name NEHA FARHIN ---/---/---
 VIN MBLHAW229SHA74719
 Insurance Company
 HMCGL Card No 1073025560002040
 Part Details

Date 09-11-2025
 Contact No. 7379001956
 Model SPLENDOR +
 Reg No. UP31CK9590
 HMCGL Card Category Gold

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	83410KWHHY0S -FR VISOR	87141090	Paid	937.29	1	9.00	9.00	0.00	0.00	0.00	0.00	1,106.00
2	33100KCC710AS -LIGHT ASSY.HEAD (W/O BULB)	85122010	Paid	444.92	1	9.00	9.00	0.00	0.00	0.00	0.00	525.00
3	53178AAFH00S -LEVER COMP.L STRG.HNDL.	87141090	Paid	71.19	1	9.00	9.00	0.00	0.00	0.00	0.00	84.00
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	53200KCC690S -STEM COMP STRG	87141090	Paid	726.27	1	9.00	9.00	0.00	0.00	0.00	0.00	857.00
6	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
7	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
8	33450KCC710S -WINKER ASSY L FR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
9	24701KWA940S -PEDAL GEAR CHANGE	87141090	Paid	163.56	1	9.00	9.00	0.00	0.00	0.00	0.00	193.00
10	11341AAE500S -COVER LEFT CRANK CASE	87141090	Paid	713.56	1	9.00	9.00	0.00	0.00	0.00	0.00	842.00
11	50400ADH800DS -GRIP REAR	87141090	Paid	859.32	1	9.00	9.00	0.00	0.00	0.00	0.00	1,014.00
12	50500AAE300S -STAND COMP MAIN	87141090	Paid	370.34	1	9.00	9.00	0.00	0.00	0.00	0.00	437.00
13	51104KCC900S -STEP PILLION WOMEN	87141090	Paid	128.81	1	9.00	9.00	0.00	0.00	0.00	0.00	152.00
14	18355AAE940S -COVER MUFFLER ASSEMBLY	87141090	Paid	374.58	1	9.00	9.00	0.00	0.00	0.00	0.00	442.00

Parts Total

Labour Details

0.00 8,982.00

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

Jobs Total

Parts Total	0.00	2,000.10
Labour Total		8,982.00
SGST (Parts) 9%		2,000.10
CGST (Parts) 9%		685.07
SGST (Labour) 9%		685.07
CGST (Labour) 9%		152.55
Total		152.55
		10,982.10

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.	NEHA FARHIN, 7379001956
2	Vehicle No. / वाहन संख्या	UP31CK9590
3	Policy No. / पालिसी संख्या	252400/31/2025/98566
4	Period of Insurance / बीमा अवधि	29/03/2025 से 28/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	04/11/2025, 10:00 AM
6	Place of Accident / दुर्घटना का स्थान	हुलसौपुर के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	MO. SAHIL, 7379001956 UP3120250007804
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण : गौरवपुर से अपने घर खीरी आ रहे थे तभी अचानक हुलसौपुर के पास सामने से कूला आ गया जिससे मुझे ब्रेक लगाना पड़ा जिससे मेरी गाड़ी बायीं ओर गिरकर हादसा 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.	MOSARAM AUTO SALES LRP ROAD WAKHIMPORKHART, 915154030

नेहा फरहीन

Date / दिनांक : 07/11/2025
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. 252400/31/2025/98566

Tel. No.

Period of Insurance 29/03/25 to 28/03/26
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
(b) Address for correspondence
(c) Telephone

NEHA FARHIN
R/O MOH DEHPUR, PO-KHIRTOWN, PS-KHERI
7379001956

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>HAIJE7SHA7863J</u> Chassis No. <u>MBLHAN229SHA74719</u>	Registration No. <u>UP31CK</u> <u>9590</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 : MO. SAHNI
- (b) Age : 01-02-2006
- (c) Address : MO. DTHPUR KHERI TOWN- KHERI, LAKHIMPUR.
- (d) Is the Driver : KHERI, UP. 262102.
1. Owner : No
2. paid driver? : No
3. Owner's relative or friend? : BHAI
- (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 20250007804
- (h) Issuing Authority : 05-06-2025
- (i) Date of Expiry : 31-01-2046
- (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 10:00 am.
- (b) Place : तुलसीपुर के पास
- (c) Speed of vehicle at the time of accident : 30-40
- (d) Give a short description of the accident : तुलसीपुर के पास सामने से गुल्ला आ गया जिससे मेरा
- (e) If any third party was responsible for this accident give the name and address : वैक लुगाना मंडा जिससे मेरी गाड़ी आगे धक्का देकर

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND LEFT
- (b) Estimated cost of repairs : MOSARAM AUTO SALES, LLP
- (c) When and where can the damaged vehicle be inspected : ROAD, 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? : _____
(d) If yes, to which Police Station? : N/A
(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? : N/A
(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 07/11/2015

Signature of the insured मेहा करीन

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. UP 31/K 9590 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 नेहा करीन

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 NEHA FARHIN C/O NOOR
ALAM MOH-DEHPUR, PS-KHERI TOWN, LAKHIMPUR
KHERI, UTTAR PRADESH 262102

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 07/11/2025

Place KHERI

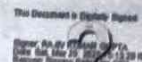
नेहा करवीन

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.



Report ID: P01R0928

Page No: 1

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)
DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. STATION

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT-201214063570m (GSTIN: 09AACT0627R4ZU)			
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))	Policy Issued On	29-MAR-25
Policy No	252400 31 2025 98566	Proposal No. & Date	R/252400/31/2025/74264 & 29-MAR-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 14:44 ON 29-03-2025 TO MIDNIGHT OF 28-03-2026
Agent/Broker Name	ABHINAV BHATTI	Policy Period (LIABILITY)	FROM 14:44 ON 29-03-2025 TO MIDNIGHT OF 28-03-2026
Insured Name	NEHA FARHIN (GSTIN: 01)		
Insured Address	C O SRI NOOR ALAM SRI NOOR ALAM R O MOH DEEHPUR PO- KHERI TOWN,P.S- KHERI LAKHIMPUR KHERI, NA.		Lead/Brokerin No Insured State UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS

REGISTERED MOTOR VEHICLE DETAILS		
Make	HERO MOTOCORP	
Model & Variant	HERO SPLENDOR PLUS FI	
Registration No	NEW	
Year Of Manufacture	2025	
Engine - Chassis No	HA11E7SHA78631 - MBIHAW229SHA74719	
Cubic Capacity	100	
Seating Capacity	1 + 1	
Type Of Body	SOLO	Type Of Fuel PETROL
RTO Location		

INSURED DECLARED VALUE (IDV) (In Rs.)

INSURED DECLARED VALUE (IDV) (in Rs.)	
Vehicle	75873
Electrical Accessories	0
Non Electrical Accessories	0
Total IDV	75873
TMF CONTRACT NO	
Policy Type	Zone B - Rest of India
Geographical Area	INDIA

Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION(A)	
Vehicle	1271.63
Elec Accessories	0
Non Elec Accessories	0
Basic Premium	1271.63
Geographical Area Extra (IMT -1)	0
Driving Tuition Loading On OD Premium (60%)	0
Sub-Total Additions	0
Deductibles	
Voluntary Deductibles (IMT 22A)	0
Anti Theft Device (IMT 10)	0
AAI Membership (IMT-8)	0
No Claim Bonus	0
Discount for vehicle designed for handicapped	0
SIP Discount	1081
Sub-Total Deductibles	1081
Add On Coverages	
NIL Depreciation	
Return to Invoice	0
Key Replacement	0
Consumables	0
Sub-Total Add on Coverages	0
Net own Damage Premium(A)	191

LIABILITY SECTION (B)

LIABILITY SECTION (B)	
Basic Third Party Liability	3851
Compulsory PA Cover Premium	0
PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Legal Liability (WC)to driver (IMT-28)	0
Legal Liability to Employees (IMT-29)	0
Legal Liability to Passenger (IMT-46)	NA
Driving Tuition Loading On TP Premium (60%)	NA
PA Paid Driver, Conductor, Cleaner-GR36B3	0
Net Liability Premium (B)	3851
Total Premium (A+B)	4042
GST	728
SERVICE TAX	0
STAMPDUTY	0.00
Swachh Bharat Cess @ 0.50%	0
Kirishi Kalyan Cess @ 0.50%	0
Gross Premium Paid	4770

Note

1. Policy Issuance is the subject to the realisation of cheque
2. Consolidated Stamp Duty paid via Challan No
3. The Policy is subject to a compulsory Deductible of Rs 0 (IMT-22)
4. Voluntary excess Rs(0)
5. Subject to Endorsements IMT.7.10.28.

Nominee Details :		Nominee Name		Age	Relation
Payment Details :		Payment Method	Cheque No./Transaction No.	Bank Name	Amount
					4770
Financer Type		Financer Name	HERO FINCORP LTD.	Financer Branch	
POS Name	NA	POS ID	NA	POS PAN NO./Aadhar No	NA

In the event of a claim under the policy exceeding Rs. 100 or a claim for refund of premium exceeding Rs.100, 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, LMTs and OIC endorsements mentioned herein above which are available on company's website: www.orientalinsurance.org.in or in or on demand from the policy issuing office.

It is asserted that in case of delinquency of minimum charges, third companies

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).

f. claim is not admissible if driving License is found fake or is not valid whether or not in the Knowledge of the insured.

I 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 authorized by and on behalf of the company has hereon to set his/her hands at 252400 on 29-MAR-25

IMPORTANT NOTICE

The Insured is not indemnified if the vehicle is used or driven other 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 Motor Act 1968 is recoverable from the insured see the clause headed "AVOIDANCE OF CERTAIN 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 track.

(Any Purpose in connection with motor trade)

Driver's License 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

person holding an effective license, license may also have a certificate that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicle Rules, 1989.

Limit of Liability Clause: Under section II (1) of the policy: Death of or body injury: Such amount is necessary to meet the requirements of the motor vehicle act 1980. Under Section II-1 (ii) of the policy: Damage to third party property: RS 1.5 lakhs. P.A.C cover under section III for owner Driver is RS 5 lakhs.

No claim bonus: The insured is entitled for a No Claim Bonus (NCB) from 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 35% preceding three consecutive years 45% preceding four consecutive years 55% preceding five consecutive years 65% and NCIF on ID premium. No Claim bonus only be allowed provided the policy is renewed within 90 days of the expiry date.

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, 1994.

* This insurance excludes all pre-existing damages.



Approved By: 65957563412

Approved On: 12 MAR 2015

Place	MRP
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Printed On 26 MAR 23

For and on behalf of

The Oriental Insurance Company Limited

General Manager
Authorized Signature



GOVERNMENT OF UTTAR PRADESH

Transport Department LAKHIMPUR KHERI

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP31CK9590 Registration Date : 30-Mar-2025
Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
Dealer's Name & Address : MUSA RAM AUTO SALES, L R P ROAD, LAKHIMPUR KHERI, , 153-262701
Owner Name : NEHA FARHIN Son/wife/daughter of : W/O SRI NOOR ALAM
Full Address: (Permanent) : R/O MOH. DEEHPUR, PO- KHERI TOWN, PS- KHERI, KHERI, UTTAR PRADESH-262702
Full Address: (Temporary) : R/O MOH. DEEHPUR, PO- KHERI TOWN, PS- KHERI, KHERI-UTTAR PRADESH-262702
Fitness UpTo : 29-Mar-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
Front HSRP No : AA2121967160 Rear HSRP No : AA1040090798
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 01/2025
No of Cylinders : 1 Chassis No : MBLHAW229SHA74719
Engine No : HA11E7SHA78631 Fuel : PETROL
Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ I3S (DRS) Wheel base : 1236
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 111
Colour : MATT GREY Laden/GV Wt (kgs) : 241
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.	As Regd.	Description	Weight(in kgs)
a) Front:			
b) Rear:			
c) Other:			
d) Tandem:			

The motor vehicle as described is subject to Hypothecation in favour of HERO FINCORP LTD, PUNE, PUNE, , Pune, , 411009 w.e.f. 29-Mar-2025.

Purchase dt : 29-Mar-2025 Sale Amt : 79866/-
OTT Date : 29-Mar-2025 Amount/Rcpt No : 7987 / UP31D25030004765
Vehicle is Govt./ Pvt. : PRIV/ TE Tax Exempted or Not : NOT EXEMPTED
Date of Approva : 03-Apr-2025
Other State/Transfer/Conversion : Resign Details
Previous Owner : Previous RegNo :
Old State : Entry Date :
Transfer Date : Conversion Date :

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

Date : 08-Apr-2025 17:16:50

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Date : 08-Apr-2025

Q 2464712



Indian Union Driving Licence Issued by Uttar Pradesh

UP31 20250007804

Issue Date 05-06-2025 Validity (NT) 31-01-2046

Validity (TR)*



Holder's Signature

Name:

MO SAHIL

Date of Birth: 01-02-2006

Blood Group:

Organ Donor: N

Son/Daughter/Wife of:

MO UMAR

Address:

MO DIHPUR KHERI TOWN KHERI TOWN
LAKHIMPUR LAKHIMPUR KHERI UTTAR PRADESH
262702

Date of First Issue 05-06-2025

DL No: UP31 20250007804

UPDL311000013302



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*
MCWG	UP31	05-06-2025	NT				
LMV	UP31	05-06-2025	NT				
MVSD							

Emergency Contact Number

Pankaj
Licensing Authority
UP31 LAKHIMPUR KHERI

Form 7 Rule 16(2)



भारत सरकार
Government of India



नेहा फरहीन
Neha Farhin
जन्म तिथि / DOB: 17/02/2002
महिला / Female

28/02/2015

3694 1201 7067

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



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