

**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-1125-584  
Customer Name LALLI DEVI.  
VIN MBLHAW344S9C00480  
Insurance Company  
HMCGL Card No 1073024860004039  
Part DetailsDate 06-11-2025  
Contact No. 9236580179  
Model SPLENDOR+ XTEC  
Reg No. UP31CK7062  
HMCGL Card Category Gold

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	83410AAE300RS -FR VISOR BLACK NH 1 TYPE 1	87141090	Paid	866.95	1	9.00	9.00	0.00	0.00	0.00	0.00	1,023.00
2	33450KCC710S -WINKER ASSY L FR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
3	K44446AAMB000S -"KIT, WHEEL COMP. FRONT"	87141090	Paid	3,968.64	1	9.00	9.00	0.00	0.00	0.00	0.00	4,683.00
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	53200AAE300S -STEM COMP STRG	87141090	Paid	741.53	1	9.00	9.00	0.00	0.00	0.00	0.00	875.00
6	51400ABW111S -FORK ASSY R FRONT	87141090	Paid	8,593.22	1	9.00	9.00	0.00	0.00	0.00	0.00	10,140.00
7	51500ABW111S -FORK ASSY L FRONT	87141090	Paid	8,593.22	1	9.00	9.00	0.00	0.00	0.00	0.00	10,140.00
8	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
9	K50506KCCA900LS -KIT STEP	87141090	Paid	190.68	1	9.00	9.00	0.00	0.00	0.00	0.00	225.00
10	24701AAE300S -PEDAL GEAR CHANGE	87141090	Paid	151.69	1	9.00	9.00	0.00	0.00	0.00	0.00	179.00
11	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
12	50400ADH800DS -GRIP REAR	87141090	Paid	859.32	1	9.00	9.00	0.00	0.00	0.00	0.00	1,014.00
13	45251KSP861S -DISC FR. BRAKE	87141090	Paid	1,093.22	1	9.00	9.00	0.00	0.00	0.00	0.00	1,290.00
Parts Total												0.00
												30,955.00

**Labour Details**

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	102032 - ACCIDENTAL LABOUR-SPLENDOR+ XTEC	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		30,955.00
SGST (Parts) 9%		2,000.10
CGST (Parts) 9%		2,360.97
SGST (Labour) 9%		2,360.97
CGST (Labour) 9%		152.55
Total		152.55
		<b>32,955.10</b>

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.	लल्ली देवी, 6389881075
2	Vehicle No. / वाहन संख्या	UP 31 CK 7062
3	Policy No. / पालिसी संख्या	252400/31/2025/ 93686
4	Period of Insurance / बीमा अवधि	11/03/2025 से 10/03/2026.
5	Date of loss & Time / दुर्घटना का दिनांक & समय	02/11/2025 4:00 PM
6	Place of Accident / दुर्घटना का स्थान	सैदापुर के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	राम रवेलावन, 8874939160 UP 31 20140006221.
8	Estimated Loss / अनुमानित हानि	
09. Cause of Accident / दुर्घटना का कारण : सैदापुर के पास सामने से साइ से जोरदार टक्कर हो गई / जिससे मेरी गाड़ी बाँधी और गिरकर सातमस्त 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, LRPR ROAD LAKHIMPUR KHERI, 9151154036

Date / दिनांक : 04/11/2025  
हस्ताक्षर

 लल्ली देवी  
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. 252400/31/2025/93686

Tel. No.

Period of Insurance 11/03/2025 से 10/03/2026.  
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 : LALLI DEVI  
(b) Address for correspondence : RIOGRAAM-IBRAHIMPUR, KHERI, LAUKIHA, PS-  
(c) Telephone : 6389881675, PHOODI BE HAR, LAKHIMPUR-KHERI

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>HAJYE759C2Q202</u> Chassis No. <u>MBLHAN344S9C00480</u>	Registration No. <u>UP31CK</u> <u>7062</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  
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 : RAM, KHELVAN  
 (b) Age : 02/08/1985  
 (c) Address : SEKATHINA RAMUAPUR, PS-PRATAPPUR  
THANA - PHOOLBEHAR, KHERI  
 (d) Is the Driver :  
 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 20140006221  
 (h) Issuing Authority : 13-06-2014  
 (i) Date of Expiry : 12-06-2034  
 (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 : 02/11/2025 4:00PM.  
 (b) Place : सैदापुर के पास  
 (c) Speed of vehicle at the time of accident : 30-40  
 (d) Give a short description of the accident : सैदापुर के पास सामने से साइ से जोरदार टक्कर होगी  
 (e) If any third party was responsible for this accident give the name and address : जिससे मेरी गाड़ी बायीं ओर गिरकर क्षतिग्रस्त हो गई

### 6. DAMAGE TO INSURED VEHICLE

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

### 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? : 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? : 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 04/11/ 2025

Signature of the insured



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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. UP31CK7062 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 .....

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**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 or 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 LALLI DEVI W/O RAM KUMAR  
GRAM-IBRAHIMPUR, KHERI, LAUKIHA, 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 04/11/2025

Place KHERI



Signature of the declarant

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

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

**Note:** Amendment with effect from 1<sup>st</sup> 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 : UP31CK7062 Registration Date : 13-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 : LALLI DEVI Son/wife/daughter of : W/O SRI RAM KUMAR  
Full Address: (Permanent) : R/O GRAAM IBRAHIMPUR, IBRAHIMPUR, KHERI, LAUKIHA, PS- PHOOLBEHAR, KHERI, UTTAR PRADESH-261506  
Full Address: (Temporary) : R/O GRAAM IBRAHIMPUR, IBRAHIMPUR, KHERI, LAUKIHA, PS- PHOOLBEHAR, KHERI, UTTAR PRADESH-261506

Fitness UpTo : 12-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 : AA2121966825 Rear HSRP No : AA1040090463  
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 03/2025  
No of Cylinders : 1 Chassis No : MBLHAW344S9C00480  
Engine No : HA11E7S9C20202 Fuel : PETROL  
Horse Power(BHP) : 7.91 Cubic Capacity : 97.20  
Maker's Classification : SPLENDOR+ TECHNO DISC Wheel base : 1235  
Seating Cap(in all) : 2 Standing Cap : 0  
Sleepar Cap : 0 Unladen Wt (kgs) : 113  
Colour : BLACK TORNADO GREY Laden/GV Wt (kgs) : 243  
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 : 11-Mar-2025 Sale Amt : 84901/-  
OTT Date : 11-Mar-2025 Amount/Rcpt No : 8491 / UP31D25030002133  
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
Date of Approval : 22-Mar-2025

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

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

This certificate is valid from 13-Mar-2025 to 12-Mar-2040

Date : 08-Apr-2025 16:05:21

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
Date : 08-Apr-2025

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The Oriental Insurance Company Ltd.  
Policy Schedule

Report ID: POIR0028

Page No: 1

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: 09AAACT0627R421)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))	Policy Issued On	11-MAR-25
Policy No	252400/31/2025/93686	Proposal No. & Date	R/252400/31/2025/70355 & 11-MAR-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 15:10 ON 11/03/2025 TO MIDNIGHT OF 10/03/2026
Agent/Broker Name	ANHINAV BHATI	Policy Period (LIABILITY)	FROM 15:10 ON 11/03/2025 TO MIDNIGHT OF 10/03/2026
Insured Name	LALI DEVI (GSTIN: 0)		
Insured Address	C/O SRI RAM KUMAR, R/O GRAAM IBRAHIMPUR, IBRAHIMPUR, KHERI, LAUKIHA-PS- PHOOLBEHAR, LAKHIMPUR KHERI, NA.	Lead / Branch No	/
		Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS

INSURED DECLARED VALUE (IDV) (in Rs.)

Make	HERO MOTOCORP	Vehicle	80656
Model & Variant	HERO SPLENDOR PLUS XTECH E20	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025		
Engine -Chassis No	HA11E7S9C20202 - MBLHAW344S9C00480	Total IDV	80656
Cubic Capacity	100	TMF CONTRACT NO	
Seating Capacity	1 + 1	Policy Type	Zone B - Rest of India
Type Of Body	SOLO	Geographical Area	INDIA
Type Of Fuel	PETROL		
RTO Location			

Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1351.8	Basic Third Party Liability	3851
Elec Accessories	0		
Non-Elec Accessories	0	Compulsary PA Cover Premium	0
		PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
		Legal Liability (WC) to driver (IMT-28)	0
Basic Premium	1351.8	Legal Liability to Employees (IMT-29)	0
Geographical Area Extn (IMT-1)	0	Legal Liability to Passenger (IMT-46)	NA
		Driving Tuition Loading On TP Premium (60%)	NA
Driving Tuition Loading On OD Premium (60%)	0	PA Paid Driver, Conductor, Cleaner-GR36B3	0
Sub-Total Additions	0	Net Liability Premium (B)	3851
Deductibles		Total Premium (A+B)	4054
Voluntary Deductibles (IMT 22A)	0	GST	730
Anti-Theft Device (IMT-10)	0	SERVICE TAX	0
AAI Membership (IMT-8)	0	STAMP DUTY	0.00
No Claim Bonus	0	Swachh Bharat Cess@0.50%	0
Discount for vehicle designed for handicapped	0	Krishi Kalyan Cess@0.50%	0
SIP Discount	1149	Gross Premium Paid	4784
Sub-Total Deductibles	1149		
Add-On Coverages		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,	
NIL Depreciation			
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub Total Add-on Coverages	0		
Net own Damage Premium(A)	203		

Nominee Details :	Nominee Name	Age	Relation	Amount
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name	4784
POS Name	NA	POS ID	NA	POS PAN NO/Aadhar No
				NA

In the event of a claim under the policy exceeding Rs. 1000/- or a claim for refund of premium exceeding Rs. 1000/-, 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, IMTs 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 cheque(s) the Company shall not be liable under the policy and the policy shall be void ab initio (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 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 authorised by and on behalf of the company has hereunto set his/her hands at 252400 on 11-MAR-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 MV Act, 1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY"

Limitations as to use: (1) 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

Driver's Clause: Any person including the insured, provided that a person driving holds an effective driving license in 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

Limit of Liability Clause: Under section II-1 (i) of the policy - Death of or body injury. Such amount is necessary to meet the requirement 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: 50% 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

For and on behalf of

The Oriental Insurance Company Limited

Approved By : 2550925MD

Approved On : 11-MAR-25

Place : MRT



 **UNION OF INDIA Driving Licence** **UP** **NT**

**UP31 20140006221**

 जारी करने की तिथि  
Date of Issue  
**13/06/2014**

वैधता / Validity  
**12/06/2034**

जन्म तिथि  
Date of Birth  
**02/08/1985**


Blood Group  
**Unknown**


नाम / Name  
**RAM KHELAVAN**

पिता/पति का नाम / Son/Daughter/Wife of  
**SRI CHEDU**



**UP31 20140006221** **UP01339288MT**

 **MCWG**  
**13/06/2014**

 **UP**

पता / Address  
**SEKATIHA RAMUWAPUR  
POST PARTAPPUR THANA PHOOL BEHAR  
LAKHIMPUR KHERI -**

जारीकर्ता / Issuing Authority Sign  
**LAKHIMPUR KHERI**

Holder's Signature

Form 7 Rule 16(2)





भारत सरकार  
Government of India

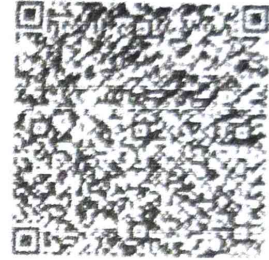


लल्ली देवी

Lalli Devi

जन्म तिथि / DOB : 01/01/1985

महिला / Female



5134 1541 5807

आधार - आम आदमी का अधिकार



आरतीय विशिष्ट सततान प्राधिकरण  
Unique Identification Authority of India

पता:

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