Office of The D.C.P. Traffic ... City	
D.C.P.	
Read...	
Sr. ...	
Inwa...	७६७७
Date	६/११/१८
Branch	

प्रति,

श्री बाबुराव काशिनाथ मोरे
रा.मोरेश्वर को.ऑप.हौ.सो.,राहुल
नगर नं १, व्ही.एन.पुरव मार्ग,
चुनाभट्टी, मुंबई ४०००२२
मो.नं : ९३२३१९५०९३
दिनांक: २६/१०/२०१८

मा. पोलिस उपायुक्त,
वाहतुक विभाग,
ठाणे शहर वाहतुक नियत्रंण विभाग,
तीन हात नाका,ठाणे

विषय:— कर्षित वाहन मुदतवाढबाबत

महोदय,

ठाणे शहर वाहतुक नियंत्रण विभागाच्या अधिपत्याखाली मी गेली आठ वर्षे कर्षित वाहन सेवेत कार्यरत असुन माझे कर्षित वाहन क्र **MH 04 DT 1578 हे कापुरबावडी वाहतुक** विभाग येथे कार्यरत असुन मी आपणांस सदर वाहनास मुदत वाढ देवुन उपकृत करण्याची विनंती करीत आहे.

ठाणे शहर वाहतुक नियत्रंण विभागाच्या अटी/नियम/ सुचना यांचे तंतोतंर पालन करण्याची मी हमी देत आहे.

धन्यवाद ।

आपला कृपाभिलाषी

(श्री. बाबुराव काशिनाथ मोरे)

दि:-सदर कर्षितवाहनाची कागदपत्रे सोबत जोडीत आहे.

Scanned by CamScanner

TAX RECEIPT

Transport Department,Government Of Maharashtra

Registration Authority THANE,Maharashtra

NSACTION
RECEIPT:

MH181203V6174714/MH181203C8405548

Vehicle Class: Tow Truck

eived From: BABURAO K MORE

Date: 2018-12-03 14:19:37.891013

Vehicle No: MH04DT1578

Chassis No: MAT357171A8GXXXXX

Particular	Period	Amount	Penalty	Total
Tax	01-Dec-2018 to 30-Nov-2019	600	0	600
tal				600

TOTAL (in Rs): 600/- (SIX HUNDRED ONLY)

further query ,Please go to the zone RTO : THANE,Maharashtra

- This is computer generated slip, no need of signature.

erify the receipt by clicking **Status>>Verify Receipt on Vahan Online Services portal** at
parivahan.gov.in/vahanservice

Scanned by CamScanner

THE NEW INDIA ASSURANCE CO. LTD.
(Government of India Undertaking)

"Consolidated Stamp Fees paid by GRAS CRN No. [illegible] DT [illegible] GRAS DE FACE No. IN0260752201819 DT 17-08-2018 and the stamp duty under this Policy is Rs 1/-"

POLICY SCHEDULE CUM CERTIFICATE OF INSURANCE

Commercial Vehicle PackagePolicy

UIN Number

Insured's Details		Policy Details	
Insured's Name:	BABURAO K MORE	Policy number:	140600311801000011809
Customer ID:	PO05959035 (PAN No. NA)	Period of cover:	03/12/2018 12:00:01 AM to 02/12/2019 11:59:59 PM
Insureds Address:	ANAND APTS, FLAT NO-201, JADRA LOK PHASE NO-4, BHAYNDER, BHAYANDAR EAST, MAHARASHTRA, 401105	Registration no:	MH-04-DT-1578
Prev. Policy no.	140600311701000011540	Make/Model:	TATA/SFC 407
Email:		Receipt no.	1406008118000003983 3 - 30/11/18
Phone Number :	/ /	Fax Number :	NA / NA
GSTIN/UIN	NA / NA		

Issuing office		New India Contact	
Address	GHATKOPAR D O (140600), GHATKOPAR D.O. 3RD FLOOR, JYOTI CHAMBERS, J V ROAD, KHOT LANE, GHATKOPAR (W), , MAHARASHTRA , 400086	Agent / Corp Agent / Broker / Banc Assurance / Referral Code - Name / - POSP/MISPECIFIED PERSON	Ms. Miss. Leena Michael Shelke - (NIA2D6490817)
		Phone no	9821716523 / /
Phone no	25102695 / 25165894	Fax no.	/
Fax no	25102774 / NA	Email	/
Email	nia.140600@newindia.co.in	Development officer level Name/Code	SAMEER M SHAH - (2D6490873)
Claim Contact	MRO-II (140001)	Claim Contact Detail	2nd floor, Jeevan Seva Bldg. Santacruz, West, Mumbai 400054 , 02226633247//
GSTIN	27AAACN4165C3ZP		
SAC	997139 (Other non-life insurance services excl RI)		

Policy Details

Geographical Area / Zone:	India/A	Year of manufacture:	2010
Type of Commercial Vehicles:	D - Misc-Special Type	Sub Type:	TOWER WAGONS
Name of the Financier:		Chassis no./Engine no.:	28076/631535
Type of fuel:	Diesel	Cubic capacity (cc):	0
Type of body:	Open	Gross Vehicle Weight (GVW):	0
Seating capacity including Driver:	1	Variant:	TOWER WAGON
Automobile Association membership:		Colour:	OTHER COLOR
Cover Note No/Cover Note Issue Date:	/	Name of registration authority:	Thane - MH 04

Transit From	NA	Transit To	NA	Distance Covered	NA

IDV(In ₹) Based on annexure-I

Vehicle	Trailer	Non-Elec Acc	Electrical Acc	Bi-fuel kit	Total Value
291000	0	0	0	0	291000

Schedule of Premium

Own Damage		Liability	
Basic OD Cover		Basic TP Cover	
Inclusion of IMT 23		Compulsory PA cover for Owner Driver (Sum Insured ₹15,00,000), LL to paid driver conductor cleaner employed for oprn	
NCB(50%)			
OD Premium in ₹	1543	TP Premium in ₹	6915
Net Premium In ₹:			8458
GST In ₹:			1522
Total Payable In ₹:			9980
Total Payable In ₹(In words):			RUPEES NINE THOUSAND NINE HUNDRED EIGHTY ONLY

Validity unknown

Validity from: [illegible] Date: [illegible]

Chirapar Division Office - 140600 Govt Contract Cell, [illegible]

THE NEW INDIA ASSURANCE CO. LTD. CO-140600

Read & Head Office: New India Assurance Bldg., 87, Mahatma Gandhi Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415 Hours.

For redressal of your grievance, if any, you may approach any one of the following offices: 1. Policy issuing office 2. Regional office 3. Head office. In case, you are not satisfied with our own grievance redressal mechanism; you may also approach Insurance Ombudsman. For details of our office addresses and addresses of office of Insurance Ombudsman, please

Tel : 25165924/25/26/27 Fax : [illegible] Mumbai - 400 086

IN THE EVENT OF CLAIM PLEASE CONTACT : CENTRALISED CLAIMS HUB AT 'The New India Assurance Company Limited'

Mumbai Regional Office - 140000, "Jeevan Seva Building", Second Floor, S. V. Road, Santacruz (W), Mumbai-400 054.

Tel : 022 - 26633246 To 022 - 26633250, 022 - 26633270, 022 - 26633242 Fax : 022 -26633233 / 022-26118600 Email : ch14@newindia.co.in

CIN NO.L66000MH1919GOI000526 - GSTIN No. 27AAACN4165C3ZP - IRDA REGN.NO.190. Master Prints-25000-8/18

Scanned by CamScanner

THE NEW INDIA ASSURANCE CO. LTD.
(Government of India Undertaking)

"Consolidated Stamp Fees paid by GRAS GRN No. MH002414551201819M DT. 06.06.2018 VIDE RECIEPT NO GRAS DEFACE No. 000268795220181 Dt. 17-08-2018 and the stamp duty und this Policy is Rs. 1/-

POLICY SCHEDULE CUM CERTIFICATE OF INSURANCE

Commercial Vehicle PackagePolicy

UIN Number -

Insured's Details		Policy Details	
Insured's Name:	BABURAO K. MORE	Policy number:	1406003118010001 1808
Customer ID:	PO05959035 (PAN No NA)	Period of cover:	03/12/2018 12:00:01 AM to 02/12/2019 11:59:59 PM
Insureds Address:	ANAND APTS, FLAT NO-201,,JADRA LOK, PHASE NO-4,,BHAYNDER., BHAYANDAR EAST ,MAHARASHTRA, 401105	Registration no.	MH-04-DT-1569
Prev. Policy no.	14060031170100011541	Make/Model:	TATA/SFC 407
Email:		Receipt no.	14060081180000039833 - 30/11/18
Phone Number :	/ /	Fax Number :	NA / NA
GSTIN/UIN	NA / NA		

Issuing office		New India Contact	
Address	GHATKOPAR D.O. (140600), GHATKOPAR D.O. 3RD FLOOR, JYOTI CHAMBERS, J.V ROAD, KHOT LANE, GHATKOPAR (W) MAHARASHTRA , 400086.	Agent / Corp. Agent / Broker / Rane Assurance / Referral Code - Name / POS/IMF/SPECIFIED PERSON	Ms. Miss. Leena Michael Shelke - (NIA2D6490817)
		Phone no	9821716523 / /
Phone no	25102695 / 25165894	Fax no	/
Fax no	25102774 / NA	Email	/
Email	nia.140600@newindia.co.in	Development officer level Name/Code	SAMEER M. SHAH - (2D6490873)
Claim Contact	MRO-II (140001)	Claim Contact Detail	2nd floor, Jeevan Seva Bldg, Santacruz, West, Mumbai 400054.,,02226633247//
GSTIN	27AAACN4165C3ZP		
SAC	997139 (Other non-life insurance services excl RI)		

Policy Details

Geographical Area / Zone:	India/A	Year of manufacture:	2010
Type of Commercial Vehicles:	D - Misc-Special Type	Sub Type:	TOWER WAGONS
Name of the Financier:	TATA MOTORS FINANCE SOLUTION LTD.	Chassis no./Engine no.:	27937/31062
Type of fuel:	Diesel	Cubic capacity (cc):	0
Type of body:	Open	Gross Vehicle Weight (GVW):	0
Seating capacity including Driver:	1	Variant:	TOWER WAGON
Automobile Association membership:		Colour:	OTHER COLOR
Cover Note No/Cover Note Issue Date:	/	Name of registration authority:	Thane - MH 04

Transit From	NA	Transit To	NA	Distance Covered	NA

IDV(in ₹) Based on annexure-I

Vehicle	Trailer	Non-Elec Acc	Electrical Acc	Bi-fuel kit	Total Value
291000	0	0	0	0	291000

Schedule of Premium

Own Damage		Liability	
Basic OD Cover		Basic TP Cover	
Inclusion of IMT 23		Compulsory PA cover for Owner Driver (Sum Insured ₹15,00,000), LL to paid driver conductor cleaner employed for oprn	
NCB(50%)			
OD Premium in ₹	1543	TP Premium in ₹	6915
Net Premium in ₹:			8458
GST in ₹:			1522
Total Payable in ₹:			9980
Total Payable in ₹(in words):			RUPEES NINE THOUSAND NINE HUNDRED EIGHTY ONLY

Validity unknown

Policy issued by Sr. Divisional Manager

Valid upto 23/12/2018

Date 23/12/2018

Ghatkopar Divisional Office 140600, Jyoti Chambers, 3rd Floor, J.V. Road, Khot Lane, Ghatkopar (W), Mumbai - 400 086.

Tel : 25165894/25/26/27, Fax : 25102774

THE NEW INDIA ASSURANCE CO. LTD. DO 140600

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415

For redressal of your grievance, if any, you may approach any one of the following offices: 1. Policy issuing office 2. Regional office 3. Head office.In case, you are not satisfied with our own grievance redressal mechanism; you may also approach Insurance Ombudsman. For details of our office addresses and addresses of office of Insurance Ombudsman, please

IN THE EVENT OF CLAIM PLEASE CONTACT : CENTRALISED CLAIMS HUB AT 'The New India Assurance Company Limited'

Mumbai Regional Office - 140000, "Jeevan Seva Building", Second Floor, S. V. Road, Santacruz (W), Mumbai-400 054.

Tel : 022 - 26633246 To 022 - 26633250, 022 - 26633270, 022 - 26633242 Fax : 022 -26633233 / 022-26118600 Email : ch14@newindia.co.in

CIN NO.L66000MH1919GOI000526 - GSTIN No. 27AAACN4165C3ZP - IRDA REGN.NO.190. Master Prints 250002-8/18

Scanned by CamScanner

THE NEW INDIA ASSURANCE CO. LTD.
(Government of India Undertaking)

Limitations as to use	Limits of Liability	
The Policy covers use only under a permit within the meaning of the Motor Vehicles Act, 1988 or such a carriage falling under Sub-section 3 of Section 66 of the Motor Vehicles Act, 1988.The Policy does not cover use FOR a)Organised racing b) Pace Making c)Reliability Trials d) Speed Testing	Limit of the amount the Company's Liability Under Section II 1(i) in respect of any one accident: as per the Motor Vehicles Act, 1988. Limit of the amount of the Company's Liability Under Section II 1(ii) in respect of any one claim or series of claims arising out of one event: Up to ₹ 7,50,000	
	For Individual covers (OD) in ₹:	291000
	Imposed excess in ₹:	0
	Voluntary excess in ₹:	0
	Compulsory excess in ₹:	2000

Persons or classes of persons entitled to drive

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 the vehicle and that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989.

PA cover for Owner Driver

Name of Nominee	Age of Nominee	Relationship with the Insured	Name of the Appointee (if Nominee is a minor)	Relationship to the Nominee
NA	NA	NA	NM	NM

PA cover for named persons

Name	CSI Opted(₹)	Nominee	Relationship
NA	NA	NA	NA

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 8458.00
SGST	9	761
CGST	9	761
IGST	0	0

In witness where of this policy has been signed at Mumbai on this 30/11/2018
WARRANTED THAT IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED ABINITIO
This policy is subject to the Terms, conditions and exceptions applicable to Package/Liability policy attached/available on the web site http://newindia.co.in; IMT Endorsement Number(s) printed herewith attached 21,23,40,7.

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 Motor Vehicles Act, 1988 is recoverable from the insured: see clause headed "AVOIDANCE OF CERTAIN TERMS AND RIGHTS OF RECOVERY". If is clarified that in case the declaration regarding the ncb or other previous policy details made by the insured, is found to be incorrect, all the benefits (including claim) under section-1 of this policy, will stand forfeited.

I/We hereby certify that the policy to which this Certificate relates as well as this Certificate of Insurance are issued in accordance with the provisions of Chapter X and XI of M.V. Act, 1988. NIA S.T.REGN No: AAACN4165CST178.

Date of Issue: 30/11/2018

For and on behalf of The New India Assurance Company Limited.

Duly Constituted Attorney(s)

Tax Invoice No : 14060018E0007370

IRDA Registration Number: 190

Scanned by CamScanner

पोलीस उप आयुक्त, वाहतूक शाखा, ठाणे यांचे कार्यालय.

तिनहातनाका, ठाणे.

(मोटार वाहन कायदा १९८८, कलम १२७ अन्वये कर्षित वाहनांची सेवा घेण्याबाबत वाहन मालकांकडून सादर करावयाचा अर्जाचा नमुना)

दिनांक :—

१.	अर्जदाराचे नांव	श्री॰ बाबुराव काशिनाथ मोरे. 9323195093.
२	अर्जदाराचा संपूर्ण पत्ता व दुरध्वनी व मोबाईल क्रमांक	मोरे-घर सोसा॰ राहुल नगर क्र॰ २, ई॰ एन॰ पुरव॰ मार्ग, सायन चुनाभट्टी, मुंबई-४०००२२.
३	अर्जदाराचा पॅन क्रमांक व मागील ३वर्षाचे भरलेले आयकर विवरणपत्र.	
४	अर्जदार शासकीय कर्मचारी आहे काय	~~होय~~/नाही
५	अर्जदार ठाणे पोलीस दलामध्ये कार्यरत कर्मचा—यांचा महाराष्ट्र नागरीसेवा (वर्तणूक) नियम १९७९ मधील नियम क्रमांक २(क) मधील दिलेल्या व्याख्येप्रमाणे कुटुंबाचा सदस्य आहे काय	~~होय~~/नाही
६	कर्षित वाहन (Towing Vehicle) स्वत:च्या मालकीचे आहे किंवा कसे? (तपशील देण्यात यावा)	स्वत:च्या मालकीचे आहे.
७	वाहनांचा नोंदणी क्रमांक व नोंदणीचा दिनांक (एका पेक्षा जास्त वाहने असल्यास त्याचा क्रमवार स्वतंत्र तपशील देण्यात यावा.)	MH04 DT 1578 06/12/2010
८	वाहन खरेदी करताना सर्व प्रकारचे कर (Road Tax/Octri Tax) भरलेले आहेत काय?	होय.
९	वाहन चालकाकडे LMV, व्यावसायीक / मालवाहतूक वाहन (Transport) चालविण्याचा वैध परवाना आहे काय? (एकापेक्षा जास्त चालक असतील तर त्याचा वेगळा तपशील स्वतंत्र देण्यात यावा)	होय आहे.

मी अर्जदार श्री./~~श्रीमती~~ बाबुराव काशिनाथ मोरे. , ह देतो/देते की, उपरोक्त नमुद माहिती सत्य आहे. सदरची माहिती खोटी असल्याचे निष्पन्न झाल्य कोणत्याही क्षणी माझ्या कर्षित वाहनांची सेवा खंडीत केल्यास माझी कोणतीही हरकत असणार नाह कर्षित वाहन सेवा देण्यासाठी आवश्यक असलेल्या सर्व विहीत अटींचे मी काटेकोरपणे पालन करण्य वचनबध्द आहे.

अर्जदाराची सही :— Bmore

अर्जदाराचे नांव :— श्री॰ बाबुराव काशिनाथ मोरे.

ठिकाण :—

टीप :— अर्जासोबत अटी व शर्तीमध्ये नमुद केलेल्या सर्व कागदपत्रांच्या छायांकित प्रती सो जोडलेल्या आहेत.

Scanned by CamScanner

Customer Copy

TAX RECEIPT

Transport Department,Government Of Maharashtra

Registration Authority THANE,MH

TRANSACTION NO./RECEIPT: MH180112T1139550/MH180112I6785543

Vehicle Class: Tow Truck

Received From: BABURAO K MORE

Date: 2018-01-12 11:40:09.175309

Vehicle No: MH04DT1578

Chassis No: MAT357171A8GXXXXX

Particular	Period	Amount	Penalty	Total
MV Tax	01-Dec-2017 to 30-Nov-2018	600	24	624

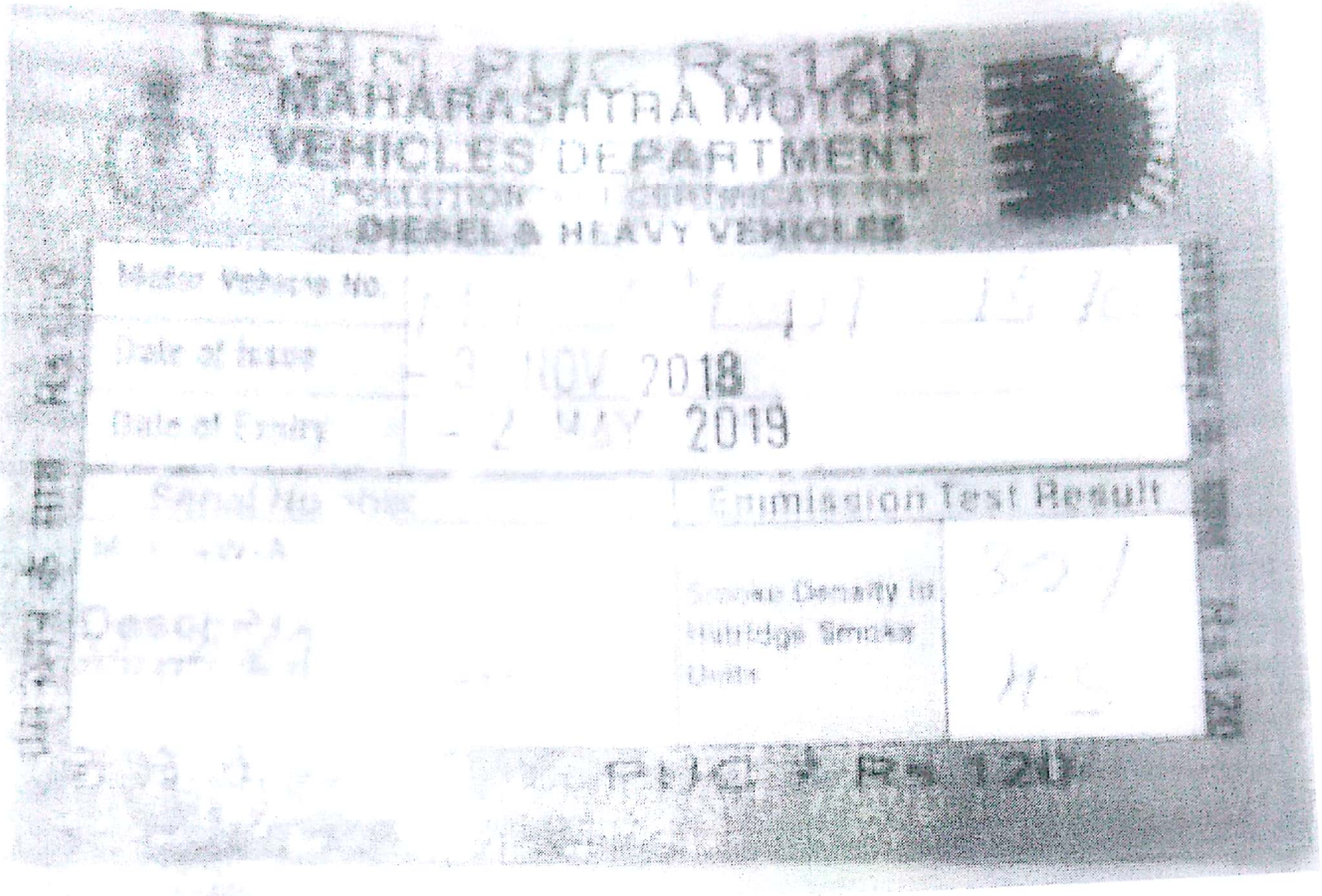
GRAND TOTAL (in Rs): 624/- (SIX HUNDRED AND TWENTY FOUR ONLY)

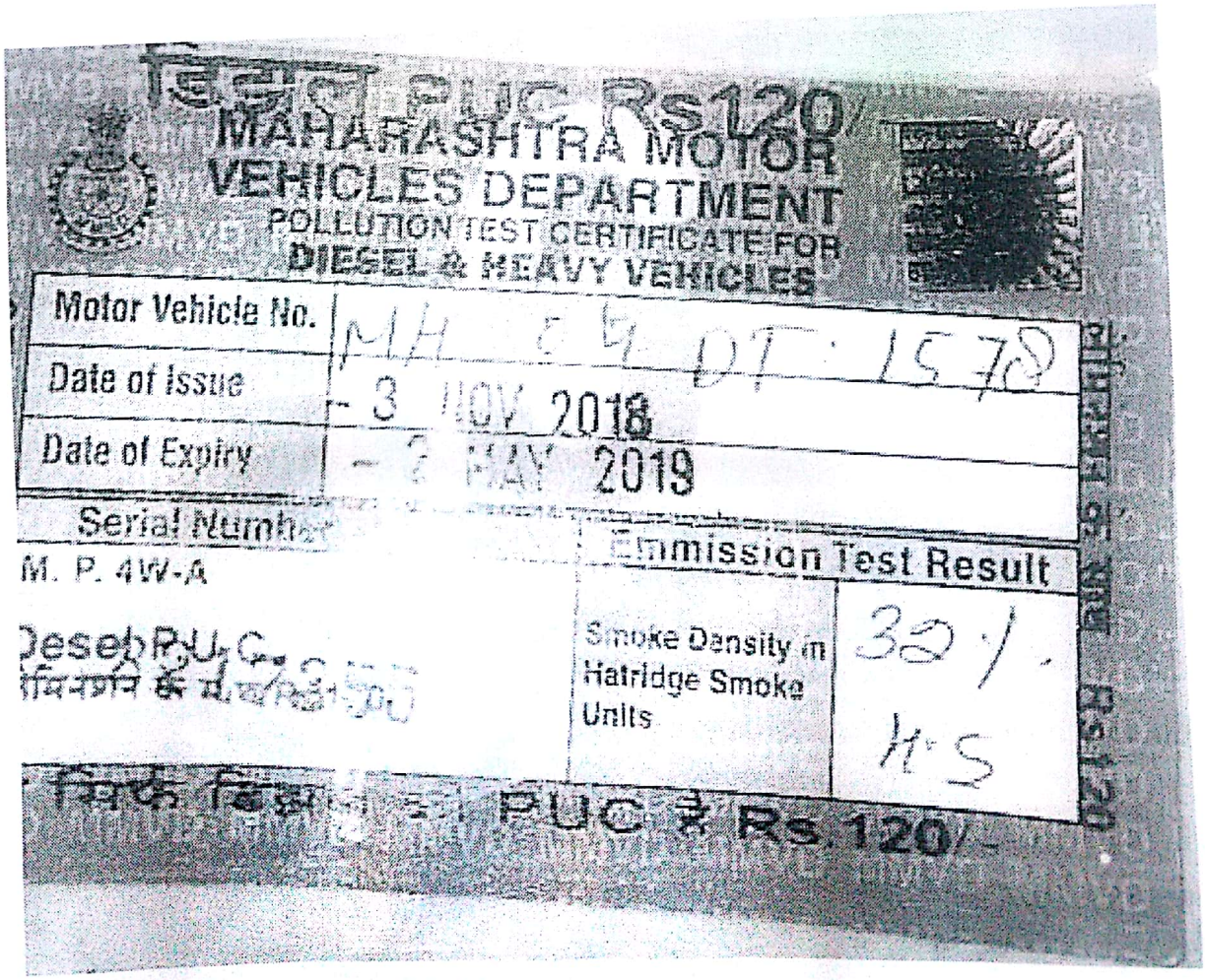
For further query ,Please go to the zone RTO : THANE,MH

Note--This is computer generated slip, no need of signature..

Verify the receipt by clicking **Status>>Verify Receipt on Vahan Online Services portal** at https://parivahan.gov.in/vahanservice

Scanned by CamScanner





Scanned by CamScanner

FORM 23

[See Rule 48]

Certificate of Registration

Registered No. MH04 DT 1578

*Brief description of vehicle.

Name of registered owner Buburao Kashinath

Son / wife / daughter of more

Full address (Permanent) Anand Apt, Flat no 201, Indralok

Full address (Temporary) Phase IV, Bhayandar (E) Thane

Bhime

...ture / Thumb Impression of the Registered Owner ...d and attested by Registering Authority)

17

Date 6/12/2010 Signature of Registering Authority

* (e.g. Fiat / Ambassador / Maruti Car, Tata Goods Vehicle, Ashok Leyland Goods Vehicle, Trailer, Motor Cycle with / without gear, Motor Cycle with side car etc.)

G.Pz P. Pune - 1

4

Detailed Description

1. Class of vehicle LMV

The motor vehicle is—

(a) a new vehicle .....

(b) Ex-army vehicle .....

(c) Imported vehicle .....

(d) Migration from other States .....

2. Maker's Name Tata motors Ltd

3. Type of body Towing van

4. Month and year of manufactu 7/2010

5. Number of cylinders Four cyl

6. Chasis number MD 28076

7. Engine number MD 24631535

8. Fuel used in the engine Diesel

9. Horse power (B.H.P.) 2956 cc

10. Cubic capacity .....

11. Maker's classification —

12. Wheel-base —

13. Seating capacity (including d) 1+2=3

14. Unladen weight 2310 kg

5

15. Colour or colours of body, wings and front and additional particulars in the case of all transport vehicles other than motors cabs.

16. Gross vehicle weight—

(a) as certified by the manufacturer..... Kgms.

(b) as registered ..... Kgms.

17. Number, description and size of tyre—

(a) Front axle .....

(b) Rear axle .....

(c) Any other axle .....

(d) Tandem axle .....

18. Registered axle weight—

(a) Front axle .....Kgms.

(b) Rear axle .....Kgms.

(c) Any other axle .....Kgms.

(d) Tandem axle .....Kgms.

Additional particulars of alternative or additional trailer or semi-trailers registered with an articulated vehicle—

19. Type of body .....

20. Unladen weight .....

Scanned by CamScanner

MS 300 H00 / 192833 / 7725155

CF 115

21. Number, description and size of tyres on (each) axle ..... dt 6/11/2010

M 300/191420/7789/58 dt 7/11/2010

22. Registered axle weight (in respect of each axle) .....

..... Kgms.

This certificate is valid from 6/11/2010 to 5/11/2025

Date 6/11/2010 200 Signature of Registering Authority

Note.—The motor vehicle above described is—

(i) Subject to a hire purchase agreement with HPA with [illegible]

(ii) Subject to a lease agreement with [illegible]

(iii) Subject to a hypothecation in favour of .....

(iv) is not held under hire purchase agreement / lease agreement / subject to hypothecation.

.....

CANCELLED

Date 6/11/2010 200 Signature of Registering Authority

7

This certificate is hereby renewed from .....

to the ..... day of .....

the ..... day of .....

the ..... day of .....

the ..... day of 200

Dated ..... 200 Signature of Registering Authority

[illegible] 3/11/2013

Transferred to 1312329/26848/53

Address ..... dt 3/11/2013

.....

Specimen Signature / Thumb Impression of the Registered Owner (Pasted and attested by Registering Authority)

R.T.O. THANE

Signature of Registering Authority

8

MS 100 / 2905599 / 58112/24

Transferred to ..... dt 27/11/2015

Address HPA with Reliance Capital Ltd Next to Royal Ind Estate Wadala Mumbai - 31 As Per ART order and 27/11/2015

Specimen Signature / Thumb Impression of the Registered Owner (Pasted and attested by Registering Authority)

Signature of Registering Authority

Transferred to .....

Address .....

.....

Specimen Signature / Thumb Impression of the Registered Owner (Pasted and attested by Registering Authority)

Signature of Registering Authority

9

Transferred to .....

Address .....

.....

Specimen Signature / Thumb Impression of the Registered Owner (Pasted and attested by Registering Authority)

Signature of Registering Authority

Transferred to .....

Address .....

.....

Specimen Signature / Thumb Impression of the Registered Owner (Pasted and attested by Registering Authority)

Signature of Registering Authority

Transferred to .....

Address .....

.....

Specimen Signature / Thumb Impression of the Registered Owner (Pasted and attested by Registering Authority)

Signature of Registering Authority

Scanned by CamScanner

THE NEW INDIA ASSURANCE CO. LTD.
(Wholly owned by the Govt. of India)

POLICY SCHEDULE CUM CERTIFICATE OF INSURANCE

Commercial Vehicle PackagePolicy

Insured's Details		Policy Details	
Insured's Name:	BABURAO K MORE	Policy number:	14060031170100011540
Customer ID:	PO05959035 (PAN No NA)	Period of cover:	03/12/2017 12:00:01 AM to 02/12/2018 11:59:59 PM
Insureds Address:	ANAND APTS, FLAT NO-201,,JADRA LOK, PHASE NO-4,,BHAYNDER., BHAYANDAR EAST ,MAHARASHTRA, 401105	Registration no.	MH-04-DT-1578
Prev. Policy no.	14060031160100009056	Make/Model:	TATA/SFC 407
Email:		Receipt no.	14060081170000039028 - 01/12/17
Phone Number :	/ /	Fax Number :	NA / NA
GSTIN/UIN	NA / NA		

Issuing office		New India Contact	
Address	GHATKOPAR D.O. (140600), GHATKOPAR D.O. 3RD FLOOR, JYOTI CHAMBERS, J V ROAD, KHOT LANE, GHATKOPAR (W) . . . MAHARASHTRA , 400086.	Agent / Corp. Agent / Broker / Banc Assurance / Referral Code - Name / POS/IMF	Ms. Miss. Leena Michael Shelke - (NIA2D6490817)
		Phone no	9821716523 / /
Phone no	25102695 / 25165894	Fax no.	/
Fax no.	25102774 / NA	Email	/
Email	nia.140600@newindia.co.in	Development officer level Name/Code	SAMEER M. SHAH - (2D6490873)
Claim Contact	MRO-II (140001)	Claim Contact Detail	2nd floor, Jeevan Seva Bldg, Santacruz, West, Mumbai 400054,,;02226633247//
GSTIN	27AAACN4165C3ZP		
SAC	997139 (Other non-life insurance services excl RI)		

Policy Details

Geographical Area / Zone:	India/A	Year of manufacture:	2010
Type of Commercial Vehicles:	D - Misc-Special Type	Sub Type:	TOWER WAGONS
Name of the Financier:		Chassis no./Engine no.:	28076/631535
Type of fuel:	Diesel	Cubic capacity (cc):	0
Type of body:	Open	Gross Vehicle Weight (GVW):	0
Seating capacity including Driver:	1	Variant:	TOWER WAGON
Automobile Association membership:		Colour:	OTHER COLOR
Cover Note No/Cover Note Issue Date:	/	Name of registration authority:	Thane - MH 04

Transit From	NA	Transit To	NA	Distance Covered	NA

IDV(In ₹) Based on annexure-I

Vehicle	Trailer	Non-Elec Acc	Electrical Acc	Bi-fuel kit	Total Value
324000	0	0	0	0	324000

Schedule of Premium

Own Damage		Liability	
Basic OD Cover		Basic TP Cover	
Inclusion of IMT 23		Compulsory PA cover for Owner Driver, LL to paid driver conductor cleaner employed for oprn	
NCB(50%)			
OD Premium in ₹	1926	TP Premium in ₹	5042
Net Premium in ₹:			6968
GST in ₹:			1254
Total Payable in ₹:			8222
Total Payable in ₹(in words):			RUPEES EIGHT THOUSAND TWO HUNDRED TWENTY-TWO ONLY

Validity unknown

Digitally signed by Srinivasan Vaidesvaran
Date: 2017.12.01

Policy No. : 14060031170100011540 Document generated by 20050 at 01/12/2017 13:23:03 Hours

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415

For redressal of your grievance, if any, you may approach any one of the following offices: 1. Policy issuing office 2. Regional office 3. Head office. In case you are not satisfied with your grievance, address and address of office in Insurance Ombudsman please visit our website http://newindia.co.in

THE NEW INDIA ASSURANCE CO. LTD. DO 140600

Ghatkopar Divisional Office - 140600, Jyoti Chambers, 3rd Floor, J. V. Road, Khot Lane, Ghatkopar (West), Mumbai - 400 086

Tel.: 25165924/25/26/27, Fax : 25102774

IN THE EVENT OF CLAIM PLEASE CONTACT : CENTRALISED CLAIMS HUB AT 'The New India Assurance Company Limited'

Mumbai Regional Office - 140000, "Jeevan Seva Building", Second Floor, S. V. Road, Santacruz (W), Mumbai-400 054

AAACN 4165CST178 IRDA REGN. NO.190 CIN No. U99999 MH1919 GO1000526 Megha Prints-25000-9/17

Scanned by CamScanner

THE NEW INDIA ASSURANCE CO. LTD.
(Wholly owned by the Govt. of India)

Limitations as to use	Limits of Liability	
The Policy covers use only under a permit within the meaning of the Motor Vehicles Act, 1988 or such a carriage falling under Sub-section 3 of Section 66 of the Motor Vehicles Act, 1988.The Policy does not cover use FOR a)Organised racing b) Pace Making c)Reliability Trials d) Speed Testing	Limit of the amount the Company's Liability Under Section II 1(i) in respect of any one accident: as per the Motor Vehicles Act, 1988. Limit of the amount of the Company's Liability Under Section II 1(ii) in respect of any one claim or series of claims arising out of one event: Up to ₹ 7,50,000	
	For individual covers (OD) in ₹:	324000
	Imposed excess in ₹:	0
	Voluntary excess in ₹:	0
	Compulsory excess in ₹:	2000

Persons or classes of persons entitled to drive

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 the vehicle and that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989.

PA cover for Owner Driver

Name of Nominee	Age of Nominee	Relationship with the Insured	Name of the Appointee (if Nominee is a minor)	Relationship to the Nominee
NA	NA	NA	NM	NM

PA cover for named persons

Name	CSI Opted(₹)	Nominee	Relationship
NA	NA	NA	NA

Premium and GST Details	Rate of Tax	Amount in INR
		₹ 6968.00
Premium		627
SGST	9	627
CGST	9	0
IGST	0	

In witness where of this policy has been signed at Mumbai on this 01/12/2017
WARRANTED THAT IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED ABINITIO
This policy is subject to the Terms, conditions and exceptions applicable to Package/Liability policy attached/available on the web site http://newindia.co.in; IMT Endorsement Number(s) printed herewith attached 21,23,40.

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 Motor Vehicles Act, 1988 is recoverable from the insured: see clause headed "AVOIDANCE OF CERTAIN TERMS AND RIGHTS OF RECOVERY". It is clarified that in case the declaration regarding the ncb or other previous policy details made by the insured, is found to be incorrect, all the benefits (including claim) under section-1 of this policy, will stand forfeited.

I/We hereby certify that the policy to which this Certificate relates as well as this Certificate of Insurance are issued in accordance with the provisions of Chapter X and XI of M.V. Act, 1988. NIA S.T.REGN No: AAACN4165CST178.

Date of Issue: 01/12/2017

For and on behalf of The New India Assurance Company Limited.

Duly Constituted Attorney(s)

Tax Invoice No : 1406003100011540

IRDA Registration Number: 190

Scanned by CamScanner

THE NEW INDIA ASSURANCE CO. LTD.
(Wholly owned by the Govt. of India)

COLLECTION RECEIPT CUM ADJUSTMENT VOUCHER

Issuing Office		
Address	:	GHATKOPAR D.O. (140600)
	:	GHATKOPAR D.O. 3RD FLOOR, JYOTI CHAMBERS, J.V.ROAD, KHOT LANE, GHATKOPAR (W)
		,400086 MUMBAI
Phone	:	25102695
Email	:	nia.140600@newindia.co.in
Fax	:	25102774
Collection Number	:	14060081170000039028
Collection Date	:	01/12/2017
Business Source Code	:	2D6490873
PAN No of Payer	:	

Received with thanks from BABURAO K. MORE.

The amount received/Adjusted is towards -

Policy No.	A/C Description	Amount₹	A/C Code	Sub A/C Code
14060031170100011540	Bank-140600	8222.00	9100.140600	BA00007346-140600-9100

Total = ₹ 16444.00

Your Payment/Adjustment Details are as under -

Mode	Amount ₹	Cheque No.	Cheque Date	Drawee Bank	Drawee Branch	Reference No.	Scroll/BG/A PD Balance
Cheque	8222.00	100202	30-NOV-17	THE SATARA SAHAKARI BANK LTD	MUMBAI - 400071	1406001710073062	N.A.

Total = ₹ 16444.00

Utilization details of the Collected Amount :

Premium	GST	Stamp Duty	Excess Amount
6968.00	1254.00	0.00	0

Sl no.	Agency Code	Agency Name	Department Code
1	NIA2D6490817	MISS. LEENA SHELKE	31

For The New India Assurance Company Limited

Revenue Stamp

Date of Issue: 01/12/2017

Cashier's Initial

Authorized Signatory

Note -

1.Please note the Policy Number, Collection Number and date in all future correspondence.This Receipt is subject to Realisation of Cheque..

2.NIA shall not be liable for any claim arising out of sales made during the period between the due date and date of payment of the installment if the premium paid has been exhausted by turnover declarations/if there is insufficient premium balance.

Tax Invoice No : 1406003100011540

IRDA Registration Number: 190

Validity unknown

Scanned by CamScanner

भारत सरकार
GOVERNMENT OF INDIA

Baburao Kashinath More

जन्म वर्ष / Year of Birth : 1965
पुरुष / Male

4922 2166 7054

— सामान्य माणसाचा अधिकार

भारतीय विशिष्ट ओळख प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

आधार

पत्ता : C/O बाबुराव काशिनाथ मोरे, व्ही.एन.पुरव मार्ग, मोरेश्वर को.ऑप.हौ.सोसायटी, राहुल नगर नं०-१,, सायन चुनाभट्टी, मुंबई, महाराष्ट्र, 400022

Address: C/O Baburao Kashinath More, V.N.Purav Marg, Moreshwar Co.Op.Hou.Society, Rahul Nagar No-1,, Sion Chunabhatti, Mumbai, Maharashtra, 400022

1947
1800 180 1947

help@uidai.gov.in

www.uidai.gov.in

P.O. Box No. 1947, Bengaluru-560 001

Scanned by CamScanner

THE UNION OF INDIA
MAHARASHTRA STATE MOTOR DRIVING LICENCE

DL No :MH03 20090112461 DOI : 24-05-1983
Valid Till : 30-09-2019 (TR)
DLR 14-10-2016

FORM 7
RULE 16 (7)

AUTHORISATION TO DRIVE FOLLOWING CLASS OF VEHICLES THROUGHOUT INDIA

COV	DOI
3W-TR	07-02-1994
TRANS	24-05-1983

Badge: 49545/CIAR
DOB : 12-04-1961 BG :

Name :BABURAO MORE
S/D/W of:KASHINATH MORE
Add :RAHUL NAGAR NO. 1, V.N. PURAV MARG, CHUNABHATTI (E), MUMBAI
PIN :400022
Signature & ID of Issuing Authority: MH03 2016555

Signature/Thumb Impression of Holder

Scanned by CamScanner

भारत निवडणूक आयोग
Election Commission of India
ओळखपत्र
IDENTITY CARD

IIPK0517573

मतदाराचे नांव : बाबुराव काशिनाथ मोरे
Elector's Name : Baburav Kashinath More

वडीलांचे नांव : काशिनाथ मोरे
Father's Name : Kashinath More

लिंग : पु Sex : M

1/1/2006 रोजी वय : 49
Age as on 1/1/2006 :

IIPK0517573

पत्ता जी-136, राहुल नगर झोपडपट्टी नं. 1, सर सेनापति तात्या टोपे मार्ग, खजुरभट्टी, चुनाभट्टी मुं.22

मेट्रो मुंबई उपनगर- 400022

Address G-136, Rahul Nagar Zopadpatti No. 1, Sir Senapati Tatya Tope Road, Khajurbhatti, Chunabhatti Mu.22

Metro Mumbai Suburban- 400022

मतदार नोंदणी अधिकारी
48-नेहरू नगर विधानसभा मतदारसंघा करिता
Electoral Registration Officer
For 48-Nehru nagar Assembly Constituency

ठिकाण : मुंबई उपनगर
Place : Mumbai Suburban

दिनांक/Date : 25/04/2007

हे पत्र शासनाच्या विविध योजनांसाठी ओळखपत्र म्हणून उपयोगात आणता येईल.
This card may be used as an Identity Card under different Government Schemes

64/408

Scanned by CamScanner

Acknowledgement Number : 554334340300318

Assessment Year : 2017-18

ITR-3

[For individuals and HUFs having income from a proprietory business or profession] (Please see rule 12 of the Income-tax Rules,1962)

PERSONAL INFORMATION

Name	BABURAO KASNATI MORE		
PAN	AMCPM8940Q	Aadhaar Number	492221667054
Date of Birth / Formation (DD/MM/YYYY)	12/12/1965	Status	Individual

ADDRESS

Flat / Door / Building	R NO 202	Town / City / District	MUMBAI
Name of Premises / Building / Village	MORESHWAR CO-OP HSG	Road / Street / Post Office	RAHUL NAGAR
Area / Locality	CHUNNABHATTI	State	MAHARASHTRA
Country	INDIA	PIN Code	400022
Sex (in case of individual)	Male	Employer Category(if in employment)	Not Applicable
Residential/Office Phone Number with STD code		Income Tax Ward / Circle	
Mobile no.1	7738381332	Mobile no.2	
Email Address - 1(Self)	sagarpatole19@yahoo.co.in	Email Address - 2	

FILING STATUS

Return filed under Section	Voluntarily after the due date under section 139(4)
Whether original or Revised return?	Original
If revised / defective / Modified, then enter Receipt No	
Date of Filing original return(DD/MM/YYYY)	
Notice number (Where the original return filed was Defective and a notice was issued to the assessee to file a fresh return Sec139(9))	
If filed, in response to a notice u/s 139(9)/142(1)/148/153A/153C enter date of such notice, or u/s 92CD enter date of advance pricing agreement	
Residential Status	Resident
Do you want to claim the benefit u/s 115H (Applicable to Resident)?	No
Whether any transaction has been made with a person located in a jurisdiction notified u/s 94A of the Act?	No
Are you governed by Portuguese Civil Code as per section 5A? (If "YES" please fill Schedule 5A)	No

OTHER DETAILS

Whether return is being filed by a representative assessee? if yes,please furnish following information	No
(a) Name of the representative	
(b) Address of the representative	

Scanned by CamScanner

		i	Foreign Currency Loans	aii	0
		ii	**Rupee Loans**		
			A From Banks	iiA	0
			B From Others	iiB	0
			C Total(iiA + iiB)	iiC	0
		iii	Total(ai + aii)	aiii	0
	b	**Unsecured loans (including deposits)**			
		i	From Banks	bi	0
		ii	From others	bii	697412
		iii	Total(bi + bii)	biii	697412
	c	Total Loan Funds(aiii + biii)		2c	697412
3	Deferred tax liability			3	0
4	Sources of funds(1c + 2c +3)			4	1169766
Application of Funds					
1	**Fixed assets**				
	a	Gross Block		1a	805282
	b	Depreciation		1b	241585
	c	Net Block(1a-1b)		1c	563697
	d	Capital work in progress		1d	0
	e	Total(1c + 1d)		1e	563697
2	**Investments**				
	a	**Long-term investments**			
		i	Government and other Securities - Quoted	ai	0
		ii	Government and other Securities – Unquoted	aii	0
		iii	Total(ai + aii)	aiii	0
	b	**Short-term investments**			
		i	Equity Shares,including share application money	bi	0
		ii	Preference Shares	bii	0
		iii	Debentures	biii	0
		iv	Total(bi+bii+biii)	biv	0
	c	Total investments(aiii + biv)		2c	0
3	**Current assets, loans and advances**				
	a	Current assets			
		i	Inventories		
			A Stores/consumables including packing material	iA	0
			B Raw materials	iB	0
			C Stock-in-process	iC	0

Scanned by CamScanner

(c) Permanent Account Number (PAN) of the representative		
In case of non-resident, is there a permanent establishment (PE) in India?		

AUDIT INFORMATION

(a)	Are you liable to maintain accounts as per section 44AA?		No
(b)	Are you liable for audit under section 44AB?		No
(c)	If (b) is Yes, whether the accounts have been audited by an accountant?		No
	If yes, furnish the following information below		
	(i) Date of furnishing of the audit report (DD/MM/YYYY)		
	(ii) Name of the auditor signing the tax audit report		
	(iii) Membership no. of the auditor		
	(iv) Name of the auditor (proprietorship/ firm)		
	(v) Proprietorship/firm registration number		
	(vi) Permanent Account Number (PAN) of the proprietorship/ firm		
	(vii) Date of report of the audit		
(d.i)	Are you liable for Audit u/s 92E?		
	No		
(d.ii)	If liable to furnish other audit report, mention the date of furnishing the audit report? (DD/MM/YY) (Please see Instruction 6))		

Sl.No	Section Code	Date (DD/MM/YYYY)

NATURE OF BUSINESS OR PROFESSION, IF MORE THAN ONE BUSINESS OR PROFESSION INDICATE THE THREE MAIN ACTIVITIES/ PRODUCTS

Sl.No.	Nature of Business	Trade name of the proprietorship, if any	Trade name of the proprietorship, if any	Trade name of the proprietorship, if any
1	0714-Service Sector-Others	UTTKARSH TOWINGS		

Part A-BS - BALANCE SHEET AS ON 31ST DAY OF MARCH, 2017 OF THE PROPRIETORY BUSINESS OR PROFESSION (fill items below in a case where regular books of accounts are maintained, otherwise fill item 6)

Sources of Funds					
1	Proprietor's fund				
	a.	Proprietor's capital		a	472354
	b.	Reserves & Surplus			
		i	Revaluation Reserve	bi	0
		ii	Capital Reserve	bii	0
		iii	Statutory Reserve	bii	0
		iv	Any other Reserve	biv	0
		v	Total (bi+bii+biii+biv)	bv	0
	c.	Total proprietor's fund (a + bv)		1c	472354
2	Loan funds				
	a.	Secured loans			

Scanned by CamScanner

			D.Finished Goods/ Traded Goods	iiD		0
			E.Total(iiA + iiB + iiC + iiD)	iiE		0
		ii	Sundry Debtors	iii		
		iii	Cash and Bank Balances			
			A.Cash-in-hand	iiiA		3264
			B.Balance with banks	iiiB		53772
			C.Total(iiiA + iiiB)	iiiC		57036
		iv	Other Current Assets	aiv		0
		v	Total current assets(iE +aii + iiiC + aiv)	av		57036
	b	**Loans and advances**				
		i	Advances recoverable in cash or in kind or for value to be received	bi		539695
		ii	Deposits,loans and advances to corporates and others	bii		0
		iii	Balance with Revenue Authorities	biii		9338
		iv	Total(bi + bii + biii)	biv		549033
	c	Total of current assets, loans and advances (av + biv)		3c		606069
	d	Current liabilities and provisions				
		i	Current liabilities			
			A.Sundry Creditors	iA		0
			B.Liability for Leased Assets	iB		0
			C.Interest Accrued on above	iC		0
			D.Interest accrued but not due on loans	iD		0
			E.Total(iA +iB +iC+iD)	iE		0
		ii	Provisions			
			A.Provision for Income Tax	iiA		0
			B.Provision for Leave encashment/Superannuation/ Gratuity	iiB		
			C.Other Provisions	iiC		0
			D.Total(iiA + iiB + iiC)	iiD		0
		iii	Total(iE + iiD)	diii		0
	e	Net current assets(3c – diii)		e		606069
4	a.Miscellaneous expenditure not written off or adjusted			4a		0
	b.Deferred tax asset			4b		0
	c.Profit and loss account/ Accumulated balance			4c		0
	d.Total(4a + 4b + 4c)			4d		0
5	Total, application of funds (1e + 2c + 3e +4d)			5		1169766

No Accounts Case

6	**In a case where regular books of account of business or profession are not maintained -(furnish the following information as on 31st day of March, 2017, in respect of business or profession).**

Scanned by CamScanner

INDIAN INCOME TAX RETURN ACKNOWLEDGEMENT

[Where the data of the Return of Income in Form ITR-1 (SAHAJ), ITR-2, ITR-2A, ITR-3, ITR-4S (SUGAM), ITR-4 , ITR-5, ITR-6,ITR-7 transmitted and verified electronically]

Assessment Year 2016-17

PERSONAL INFORMATION AND THE DATE OF ELECTRONIC TRANSMISSION

Name			PAN
BABURAO KASINATH MORE			AMCPM8094Q
Flat/Door/Block No	Name Of Premises/Building/Village		Form No. which has been electronically transmitted: ITR-4
R.NO.202	MORESHWAR CO-OP HSG		
Road/Street/Post Office	Area/Locality		Status: Individual
RAHUL NAGAR	CHUNNABHATTI		Aadhaar Number
Town/City/District	State	Pin	
MUMBAI	MAHARASHTRA	400022	

Designation of AO(Ward/Circle): WARD 26(1)(2), MUMBAI | Original or Revised: ORIGINAL

E-filing Acknowledgement Number: 498610780250318 | Date(DD/MM/YYYY): 25-03-2018

COMPUTATION OF INCOME AND TAX THEREON

1	Gross total income				1	129184
2	Deductions under Chapter-VI-A				2	35829
3	Total Income				3	93360
3a	Current Year loss, if any				3a	0
4	Net tax payable				4	0
5	Interest payable				5	0
6	Total tax and interest payable				6	0
7	Taxes Paid	a Advance Tax	7a	0		
		b TDS	7b	0		
		c TCS	7c	0		
		d Self Assessment Tax	7d	0		
		e Total Taxes Paid (7a+7b+7c +7d)			7e	0
8	Tax Payable (6-7e)				8	0
9	Refund (7e-6)				9	0
10	Exempt Income	Agriculture		0	10	0
		Others		0		

The return has been electronically uploaded on 25-03-2018 from IP address 45.114.157.232 and has been electronically verified by BABURAO KASINATH MORE in the capacity of _____ having PAN AMCPM8094Q on 11-07-2018 15:49:41 from IP address 49.33.100.200 at MUMBAI using Electronic Verification Code QUA74HM1MI generated through Aadhaar OTP mode.

DO NOT SEND THIS ACKNOWLEDGEMENT TO CPC, BENGALURU

Scanned by CamScanner

ITR-4 | INDIAN INCOME TAX RETURN
(For Individuals and HUFs having income from a proprietary business or profession)
(Please see rule 12 of the Income-tax Rules,1962)
(Also see attached instructions)

Assessment Year: 2016-17

A GEN GENERAL

PERSONAL INFORMATION

First Name: BABURAO	Middle Name: KASINATH	Last Name: MORE	PAN: AMCPM8047D
Flat/Door/Block No: R NO 203		Name Of Premises/Building/Village: MORESHWAR CO-OP HSG	Status: Individual
Road/Street/Post Office: RAHUL NAGAR		Area/locality: CHUNNABHATTI	Date of Birth/Formation(DD/MM/YYYY): 12/12/1965
Town/City/District: MUMBAI		State: MAHARASHTRA; Country: 91- INDIA	Pin code: 400022
Residential/Office Phone Number with STD code: 0-	Mobile No. 1: 7738381333	Mobile No. 2	Sex(in case of individual): Male
Email Address-1 (self): sagarpatole19@yahoo.co.in			Employer Category(if in employment): NA
Email Address-2			Income Tax Ward/Circle

FILING STATUS

Do you have Aadhaar Number? *(in case of individual)*	
If Yes, please provide	
Passport No. (Individual)(If available)	
Return filed under Section [Please see instruction number-7]	12
Whether original or Revised return?	Original
If revised/defective/modified, then enter Receipt No	Date of Filing of Original Return(DD/MM/YYYY)
Notice number (Where the original return filed was Defective and a notice was issued to the assessee to file a fresh return Sec139(9))	
If filed, in response to a notice u/s 139(9)/142(1)/148/153A/153C enter date of such notice, or u/s 92CD enter date of advance pricing agreement	
Residential Status	RES - Resident
Whether any transaction has been made with a person located in a jurisdiction notified u/s 94A of the Act?	No
Are you governed by Portuguese Civil Code as per section 5A(if "YES" please fill Schedule 5A)	No
Whether this return is being filed by a representative assessee?If yes,please furnish following information	No
(a) Name of the representative	
(b) Address of the representative	
(c) Permanent Account Number (PAN) of the representative	
In case of non-resident, is there a permanent settlement(PE) in India?	

AUDIT INFORMATION

Whether liable to maintain accounts as per section 44AA?		No
Whether liable for audit under section 44AB?		No
If (b) is Yes, whether the accounts have been audited by an accountant? If Yes, furnish the following information		
a	Date of furnishing of the audit report (DD/MM/YYYY)	
b	Name of the auditor signing the tax audit report	
c	Membership no. of the auditor	
d	Name of the auditor (proprietorship/ firm)	
e	Permanent Account Number (PAN) of the proprietorship/ firm	
f	Date of audit report (DD/MM/YYYY).	

If liable to furnish other audit report, mention the date of furnishing of the audit report?

Sl. No.	Section Code	Date of Audit(DD/MM/YYYY)

NATURE OF BUSINESS

NATURE OF BUSINESS OR PROFESSION, IF MORE THAN ONE BUSINESS OR PROFESSION INDICATE THE THREE MAIN ACTIVITIES/ PRODUCTS

S.No.	Code *[Please see instruction No.7(i)]*	TradeName1	TradeName2	TradeName3
1	0714- 0714-Service Sector-Others	UTTKASRH TOWINGS - TRANSPORT		

Scanned by CamScanner

FORM ITR-V

INDIAN INCOME TAX RETURN VERIFICATION FORM

[Where the data of the Return of Income in Form ITR-1 (SAHAJ), ITR-2, ITR-2A, ITR-3, ITR-4S (SUGAM), ITR-4, ITR-5, ITR-7 transmitted electronically without digital signature] .

(Please see Rule 12 of the Income-tax Rules, 1962)

Assessment Year 2015.- 16.

PERSONAL INFORMATION AND THE DATE OF ELECTRONIC TRANSMISSION

Name			PAN
BABURAO KASINATH MORE			AMCPM8094Q
Flat/Door/Block No	Name Of Premises/Building/Village		Form No. which has been electronically transmitted: ITR-1
R.NO.202	MORESHWAR CO-OP HSG		
Road/Street/Post Office	Area/Locality		
RAHUL NAGAR	CHUNNABHATTI		Status: Individual
Town/City/District	State	Pin	Aadhaar Number
MUMBAI	MAHARASHTRA	400022	
Designation of AO (Ward / Circle)	WARD 26(1)(2), MUMBAI		Original or Revised: ORIGINAL
E-filing Acknowledgement Number	599203000230117		Date(DD-MM-YYYY): 23-01-2017

COMPUTATION OF INCOME AND TAX THEREON

1	Gross Total Income				1	51711
2	Deductions under Chapter-VI-A				2	0
3	Total Income				3	51710
	a	Current Year loss, if any			3a	0
4	Net Tax Payable				4	0
5	Interest Payable				5	0
6	Total Tax and Interest Payable				6	0
7	Taxes Paid					
	a	Advance Tax	7a	0		
	b	TDS	7b	0		
	c	TCS	7c	0		
	d	Self Assessment Tax	7d	0		
	e	Total Taxes Paid (7a+7b+7c+7d)			7e	0
8	Tax Payable (6-7e)				8	0
9	Refund (7e-6)				9	0
10	Exempt Income	Agriculture		0	10	0
		Others		0		

VERIFICATION

I, **BABURAO KASINATH MORE** son/ daughter of **KASINATH MORE**, holding Permanent Account Number AMCPM8094Q solemnly declare to the best of my knowledge and belief, the information given in the return and the schedules thereto which have been transmitted electronically by me vide acknowledgement number mentioned above is correct and complete and that the amount of total income and other particulars shown therein are truly stated and are in accordance with the provisions of the Income-tax Act, 1961, in respect of income chargeable to income-tax for the previous year relevant to the assessment year 2015-16. I further declare that I am making this return in my capacity as _____ and I am also competent to make this return and verify it.

Sign here | **Date** 23-01-2017 | **Place** MUMBAI

If the return has been prepared by a Tax Return Preparer (TRP) give further details as below:

Identification No. of TRP	Name of TRP	Counter Signature of TRP

For Office Use Only

Receipt No

Date

Seal and signature of receiving official

Filed from IP address 203.123.34.195

AMCPM8094Q04599203000230117759533EB68C26C4316560194EABCD6EE5FA36E8E

Please send the duly signed Form ITR-V to **"Centralized Processing Centre, Income Tax Department, Bengaluru 560500"**, by **ORDINARY POST OR SPEED POST ONLY, within 120 days** from date of transmitting the data electronically. Form ITR-V shall not be received in any other office of the Income-tax Department or in any other manner. The confirmation of receipt of this Form ITR-V at ITD-CPC will be sent to the e-mail address sagarpatole19@yahoo.co.in

Scanned by CamScanner

FORM

ITR-4

INDIAN INCOME TAX RETURN

(For individuals and HUFs having income from a proprietary business or profession)
(Please see rule 12 of the Income tax Rules,1962)
(Also see attached instructions)

Assessment Year: 2015-16

Part A-GEN GENERAL

PERSONAL INFORMATION

First Name	Middle Name	Last Name	PAN
BABU RAO	KASINATH	MORE	AMCPM8094Q

Flat/Door/Block No	Name Of Premises/Building/Village	Status
R.NO 202	MORESHWAR CO-OP HSG	I-Individual

Road/Street/Post Office	Area/locality	Date of Birth/Formation(DD/MM/YYYY)
RAHUL NAGAR	CHUNNABHATTI	12/12/1965

Town/City/District	State	Pin code	Sex(in case of individual)
MUMBAI	MAHARASHTRA	400022	M-Male
	Country: 91- INDIA		

Residential/Office Phone Number with STD code	Mobile No. 1	Mobile No. 2	Employer Category(if in employment)
0-	7738381332		NA

Email Address-1 (self)	Income Tax Ward/Circle
sagarpatole19@yahoo.co.in	
Email Address-2	

Do you have Aadhaar Number? *(in case of individual)*	
If Yes, please provide	
Passport No. (Individual)(If available)	

FILING STATUS

Return filed under Section [Please see instruction number-7]	12
Whether original or Revised return?	Original
If revised/defective/modified, then enter Receipt No	Date of Filing of Original Return(DD/MM/YYYY)
Notice number (Where the original return filed was Defective and a notice was issued to the assessee to file a fresh return Sec139(9))	
If filed, in response to a notice u/s 139(9)/142(1)/148/153A/153C enter date of such notice, or u/s 92CD enter date of advance pricing agreement	
Residential Status	RES - Resident
Whether any transaction has been made with a person located in a jurisdiction notified u/s 94A of the Act?	No
Are you governed by Portuguese Civil Code as per section 5A(if "YES" please fill Schedule 5A)	No
Whether this return is being filed by a representative assessee?If yes,please furnish following information	No
(a) Name of the representative	
(b) Address of the representative	
(c) Permanent Account Number (PAN) of the representative	
In case of non-resident, is there a permanent settlement(PE) in India?	

AUDIT INFORMATION

Whether liable to maintain accounts as per section 44AA?	No
Whether liable for audit under section 44AB?	No
If (b) is Yes, whether the accounts have been audited by an accountant? If Yes, furnish the following information	
a Date of furnishing of the audit report (DD/MM/YYYY)	
b Name of the auditor signing the tax audit report	
c Membership no. of the auditor	
d Name of the auditor (proprietorship/ firm)	
e Permanent Account Number (PAN) of the proprietorship/ firm	
f Date of audit report (DD/MM/YYYY).	

If liable to furnish other audit report, mention the date of furnishing of the audit report?

Sl. No.	Section Code	Date of Audit(DD/MM/YYYY)

NATURE OF BUSINESS

NATURE OF BUSINESS OR PROFESSION, IF MORE THAN ONE BUSINESS OR PROFESSION INDICATE THE THREE MAIN ACTIVITIES/ PRODUCTS

S.No.	Code *[Please see instruction No.7(i)]*	Trade name of the proprietorship, if any
1	0714- 0714-Service Sector-Others	UTTKASRH TOWINGS

Scanned by CamScanner

THCR08171009998

Office of the Dy.Commissioner of Police Special Branch, Thane

No. SB/VERFN/PVTJOB/082182/2017
Application ID. : THCR08171009998
Date : 01/11/2017

POLICE CLEARANCE CERTIFICATE

To,
The Manager
Anand Towing

Subject : Verification of Character and Antecedents of **Sunil Balbhim Shinde** residing at **Gosavi chawl,, old agra road, near shivsena shakha, gokul nagar, thane., thane (m corp.), thane, thane, maharashtra**

With reference to above, enquiries conducted through Sr.Inspector of rabodi p. station reveals that above applicant is residing at the address mentioned in the Attestation Form from 06/1980 to 11/2017. There is following adverse against the above applicant on police record during his/her stay at the given address as per police station report dated 01/11/2017

Remarks : THANE NAGAR POLICE STATION 3090/2011 ENVIRONMENT PROTECTION ACT 4,5 THIS CASE IS COURT PENDING

Signature valid
Digitally Signed by
Mangala Ramchandra Khade
Date:14-11-2017 11:16:01

For Dy. Commisioner of Police
Special Branch,
Thane

Scanned by CamScanner

THCR08171009978

Office of the Dy.Commissioner of Police Special Branch, Thane

No. SB/VERFN/PVTJOB/072774/2017
Application ID. : THCR08171009978
Date : 28/09/2017

POLICE CLEARANCE CERTIFICATE

To,
The Inspector
Anand Towing

Subject : Verification of Character and Antecedents of **Anand Pandit Birajdar** residing at **Datta gosawi chawl, old agra road, behind shiv sena shakha, gokul nagar, thane (m corp.), thane, thane, maharashtra**

With reference to above, enquiries conducted through Sr.Inspector of rabodi p. station reveals that above applicant is residing at the address mentioned in the Attestation Form from 02/1982 to 09/2017. There is nothing adverse against the above applicant on police record during his/her stay at the given address as per police station report dated 28/09/2017

Remarks :

Signature valid
Digitally Signed by
Mangala Ramchandra Khade
Date:03-10-2017 12:30:35

For Dy. Commisioner of Police
Special Branch,
Thane

This is a digitally signed document, hence is legally valid as per the Information Technology (IT) Act, 2000.To verify visit https://aaplesarkar.mahaonline.gov.in

Scanned by CamScanner

पोलीस उप आयुक्त, वाहतूक विभाग, ठाणे शहर

OW/DCP TRFF/REDR/CRAIN/APPOINT/MUM/ 4643 /2018

पोलीस उप आयुक्त, वाहतूक विभाग, ठाणे शहर
तीन हात नाका, एल.बी.एस.मार्ग, नौपाडा, ठाणे
दिनांक :– 07122018
दुरध्वनी क्रमांक :– 022-25401056

प्रति,

बाबुराव मोरे,
मोरेश्वर को. ऑप. हौ. सो.,
राहुल नगर, नं. १, व्ही. एन. पुरव मार्ग,
मुंबई ४०००२२.

विषय :– कर्षित वाहनाच्या नियुक्तीबाबत.

*****

मोटार वाहन कायदा – १९८८ चे कलम १२७ अन्वये आपल्या कर्षित वाहन क्रमांक **MH 04 DT 1578** ची सेवा ठाणे वाहतूक विभागाच्या **मुंब्रा** उपविभागाकरिता उपलब्ध करून घेणेत येत असून सदरचे कर्षित वाहन हे **११ महिन्यांकरिता** (३१/१०/२०१९ पर्यंत) कार्यरत राहील.

२) कर्षित वाहनांच्या नियुक्ती संदर्भातील अटी व शर्ती खालीलप्रमाणे आहेत.

प्रशासकीय अटी/शर्ती

१. वाहतूक विभाग, ठाणे शहर यांना पुरविण्यात येणारी कर्षित वाहनांचे संपूर्ण कागदपत्र (उदा. रजिस्ट्रेशन, पी. यु. सी., इन्शुरन्स, फिटनेस इ.) वेळोवेळी परीपूर्ण केलेले असावेत.
२. कर्षित वाहन मालकाने कर्षित वाहनाचे सर्व प्रकारचे कर (उदा. जकात कर, सेवा कर व आयकर, जी. एस. टी. इ.) नियीमत भरावे व कर भरलेबाबतचे विवरणपत्राची प्रत या कार्यालयात सादर करावे.
३. खाजगी कर्षित वाहन मालकाने त्यांच्या वाहनावरील सर्व कर्मचा–यांचे फोटो व चारित्र्याबाबत दाखला कर्मचारी वास्तव्य करीत असलेल्या स्थानिक पोलीस ठाण्यावरून प्राप्त केलेला असावा.
४. कर्षित वाहनांवरील कर्तव्यावर असलेले कर्मचारी हे नीटनेटक्या व निळया रंगाच्या स्वच्छ गणवेशात हजर राहतील. सदर गणवेशावर पांढ–या रंगामध्ये 'ON POLICE DUTY' अशी अक्षरे लिहिलेली असावीत. त्यांचे केस व्यवस्थित कापलेले असावेत. त्यांची वयोमर्यादा १८ वर्षे पूर्ण व सुदृढ बांध्याचे असावेत. डयुटीवर कोणीही कर्मचारी व्यसन करणार नाही व नागरिकांशी उध्दट वर्तन करणार नाही याची दक्षता घ्यावी.
५. कर्षित वाहनावरील कर्मचारी रात्रीचे वेळी स्वयंप्रकाशी गणवेश (फ्लुरोसेन्ट जॅकेट इ.) वापरतील. या बाबतची खबरदारी प्रत्येक कर्षित वाहन मालक घेतील. तसेच अशा गणवेशाच्या खर्चाची खबरदारी संबंधित कर्षित वाहन मालकाची राहील.

Scanned by CamScanner

६. कर्षित वाहन मालकाने कर्षित वाहनावरील कर्मचा–यांना ओळखपत्र पुरविणे आवश्यक आहे. त्यावर प्रभारी पोलीस निरीक्षक, वाहतूक उपविभाग हे प्रतिस्वाक्षरी करतील.

७. प्रत्येक कर्षित वाहनांवर स्वखर्चाने मोठया आकाराची विजेरी (JUMBO TORCH) ठेवणे आवश्यक आहे. जेणेकरून रात्रीचे वेळी वाहन कर्षित करताना गफलत होणार नाही.

८. कर्षित वाहनाच्या चालकास कमीतकमी तीन वर्षे गाडी चालविण्याचा अनुभव असावा. अशा चालकाकडे एल. एम. व्ही. व्यावसायिक/माल वाहतूक (ट्रान्सपोर्ट) वाहनचालक परवाना आवश्यक आहे.

९. कर्षित वाहनावर HANDY CAM असावा. तसेच HANDY CAM बॅकअप १० दिवसाचा असावा. सदर वाहनावरील कॅमेरेद्वारे करण्यात आलेले चित्रीकरण वाहनमालकाने संग्रहित करून दर महिन्याला संबंधित प्रभारी अधिकारी यांच्याकडे अभिलेखावर ठेवतील.

१०. कर्षित वाहनावर घोषणा करण्यासाठी बॅटरीच्या सहाय्याने चालणारी मेगाफोन/PA सिस्टम उपलब्ध करावी.

११. कर्षित वाहन मालकाने कर्षित रक्कम भरलेबाबत दिल्या जाणा–या पावतीवर तो राहत असलेल्या निवासस्थनाचा पत्ता तसेच त्याचे कार्यालयाचा पत्ता, दुरध्वनी/मोबाईल नंबर ज्यावर तो सहज उपलब्ध होईल असाच दुरध्वनी/मोबाईल नंबर द्यावा. त्याचप्रमाणे कसूरदार वाहन चालक/मालकास पावती देताना त्यावर कर्षित वाहन क्रमांका बरोबरच कसूरदार वाहनचालकांकडून घेण्यात येणारे शुल्काची रक्कम वाहन मालक स्वत: किंवा त्यांचा प्रतिनिधी वाहतूक शाखेने विहीत केलेल्या नमुन्याप्रमाणे पावती अदा करून करतील.

१२. कर्षित वाहनांच्या अंतर्गत वाहतूक विभागीय बदल्या नियमित स्वरूपात होतील. याची नोंद घ्यावी.

१३. कर्षित वाहनामध्ये जर अचानक तांत्रिक बिघाड निर्माण झाला तर सदर कर्षित वाहन मालकाने तात्काळ संबंधित प्रभारी अधिकारी वाहतूक उपविभाग अथवा संबंधित सहाय्यक पोलीस आयुक्त यांचे परवानगी शिवाय मूळ कर्षित वाहनाचे बदली दुस–या कर्षित वाहनाची परस्पर नेमणूक करू नये. जर दुस–या कर्षित वाहनाची नेमणूक करावयाची झाल्यास नेमणूक करावयाच्या गाडींचे सर्व कागदपत्रे अधिकृत हवीत अन्यथा सदर कर्षित वाहनाची सेवा वाहतूक शाखेच्या पटलावरून कायमस्वरूपी खंडीत करण्यात येईल.

१४. पोलीस अधिकारी/कर्मचारी व शासकीय कर्मचारी यांचे नातेवाईकांनी कर्षित वाहन सेवा देणे बाबत अर्ज करू नयेत. अशा अर्जाचा विचार केला जाणार नाही.

१५. वाहन कर्षित करताना वाहनाचे नुकसान झाल्यास त्याची संपूर्ण जबाबदारी संबंधित कर्षित वाहन मालकाची राहील व नुकसाण भरपाई कर्षित वाहन मालकास करावी लागेल.

१६. तात्काळ प्रसंगी रात्रीच्या वेळी कर्षित वाहनास कर्तव्य बजवावे लागल्यास त्यावेळी कर्षित वाहनाच्या पाठीमागे फोकस लाईट/हेड लाईट/टेललाईट सुस्थितीत असाव्यात.

१७. कर्षित वाहनाद्वारे चारचाकी वाहन टो करण्यात येणा–या वाहनाची पुढील दोन्ही चाके अधांतरीत उचलून कोणतेही नुकसान न होता कारवाई करणे अपेक्षित आहे. वाहनांचे नुकसान झाल्यास नुकसान भरपाई कर्षित वाहन मालकांकडून वसूल केले जाईल.

१८. कर्षित वाहनाद्वारे टोईंग करण्यात येणा–या वाहन चालक/मालकांकडून भरून घेण्यात येणारे टोईंग चार्जेस हे मा. पोलीस आयुक्त, ठाणे शहर यांचेकडून निर्गमित करणेत आलेल्या अधिसूचना क्र. ठाआ/पशा/वाहतूक/३८१/८/२०१०, दि. ०४/०३/२०१० नुसार निश्चित करण्यात आलेले आहेत. सदर दर खालीलप्रमाणे आहेत.

Scanned by CamScanner

१९. कर्षित वाहनाच्या नियुक्ती संदर्भातील प्रशासकीय/कार्यकारी अटी व शर्तीचे उल्लंघन आपण केल्यास तसेच कर्षित वाहनाच्या सेवेबाबत अथवा वाहनावर काम करण्या–या कर्मचा–यांच्या वर्तणाबाबत कोणतीही तक्रार प्राप्त झाल्यास कोणतीही पुर्वसूचना न देता आपल्या कर्षित वाहनाची सेवा खंडीत करण्यात येईल, याची कृपया नोंद घ्यावी.

२०. नमूद अटी व शर्ती मध्ये बदल/सुधारणा करण्याचे संपूर्ण अधिकार या कार्यालयाकडे राखीव आहेत.

(अमित का. काळे)
पोलीस उप आयुक्त,
वाहतूक शाखा, ठाणे शहर

कर्षित वाहन मालक या नात्याने वाहतूक विभाग, ठाणे शहर या ठिकाणी कसूरदार वाहन चालक यांच्या वाहनावर कारवाई करताना घालण्यात आलेल्या वरील अटी व शर्ती या मी वाचलेल्या असून त्या मला मान्य आहेत. नमूद अटी व शर्तीचा भंग केल्यामुळे माझी सेवा खंडीत झाल्यास त्यास मी स्वत: जबाबदार असेन.

सही.....
नाव :– बाबुराव मोरे.
दिनांक :– /१२/२०१८

प्रत माहिती व कार्यवाहीसाठी.

१) सपोआ ठाणे वाहतूक विभाग, ठाणे शहर.
२) प्रभारी अधिकारी मुंब्रा वाहतूक उपविभाग, ठाणे शहर.

२/– प्रभारी अधिकारी यांनी कर्षित वाहनाचे सर्व अद्यावत कागदपत्रे, कर्षित वाहन चालकाचा अद्यावत वाहन परवाना, वाहनचालकाचे तसेच कर्षित वाहनावर काम करणा–या मुलांचे चारित्र्य पडताळणी अहवाल संबंधित कर्षित वाहन मालकाकडून प्राप्त करून घेवून ते आपले कार्यालयीन अभिलेखावर ठेवावेत. तसेच सदर कर्षित वाहन आपले उपविभागत नियुक्त केले दिनांकापासून दरमहा केलेल्या कारवाईचा आपल्या कार्यालयीन अभिलेखाशी ताळमेळ घ्यावा. सदरचा ताळमेळ बरोबर असलेबाबतचे प्रभारी अधिकारी यांचे प्रमाणपत्र संबंधित सपोआ. वाहतूक विभाग यांना सादर करावे. सपोआ. वाहतूक विभाग, ठाणे शहर यांनी सदरचे प्रमाणपत्र पडताळणी करून त्यांचे अभिलेखावर ठेवावे.

Scanned by CamScanner