

किर्लोस्कर

अर्जादार: सौ. सुचिका आनंद भोसले
अड्डा, प्रभाविनाथक नोसायदि,
नमू. मंगारकी रोड,
मुंबई - ४०० ०२५
दिनांक - २८/१०/१८

९७०२०८०७४६

मानि
भा. पोक्सि उपभाग्युक्त
वाहमुक्त निबंधा शायदा,
ठाणे

विषय: कर्षित वाहन सेवेच्या मुदत वाढीबाबत.

महोदय,
मी सौ. सुचिका आनंद भोसले अशी विनंती
करित आहे की, वरील विषयाला अनुसरून माझे व्याजगी
कर्षित वाहन क्र. पुनः पुनः १०७३३८/३३८ मी सेवा
ठाणे पोक्सि वाहमुक्त शाखेच्या "ठाणे वाहद" येथे
कौचरन आहे. सदर कर्षित वाहनाची मुदत ३१/०७/१८
पर्यंत आहे. तरी सदर कर्षित वाहनाची मुदत वाढ
मिळवी ही नम्रनेची विनंती. आपल्या स्वरु अर्थाचे
व इतरिचे मी पालन करेन.
टिप: सदर कर्षित वाहनाचा कर उचलल्याशिवाय पंजे
वेरणील लावलेल आहेत.

आपली नम्र

S. K. Kulkarni
(सौ. सुचिका आनंद भोसले)

Office of The D.C.P. Traffic, Thane City	
D.C.P.	
Recd.	
Sr. C.	
Inven.	७८६६२
Date	२८/११/१८
Branch	

[See Rule 48]

Certificate of Registration

Registered No. ... MHDS 2327*Brief description of vehicle LMV DOWNROADName of registered owner SUCHITRA ANAND BHOSALESon/Wife/Daughter of ANAND BHOSALEFull address (Permanent) House No. 6, DASHRATHNAGARANAND BHOSALE PO. VASAR, TAL. KATOLFull address (Temporary) DIST. THANE

owner

Thumb Impression of the Registered Owner
as attested by Registering AuthorityDate 02/12/10Signature of Registering Authority
DY. R. T. O. KALAN

Folio of Registering Authority

*(e.g. Fiat/Ambassador/Manuti Car/Tata/Todd's
Leyland Goods Vehicle/Trailer/ Motor Cycle with/without engine)
Motor Cycle with side car etc.)

Detailed Description

1. Class of vehicle LCV
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
Dealer's name and address BAGNA MOTORS LTD
Survey No 12412, V. K. Palam, B. B. Road
3. Type of body Towing Van
4. Month and year of manufacture Aug 2010
5. Number of cylinders Four
6. Chassis number MAT 957171A 8H32959
7. Engine number 497 SPTC 35 HZ 7637351
8. Fuel used in the engine DIESEL
9. Horse power (B.H.P.) 2456 cc
10. Cubic capacity 2456 cc
11. Maker's classification SFC 407/31 CAB L8/2
BS-D
12. Wheel-base 3100
13. Seating capacity (including driver) 2 TL
14. Unladen weight 2310 kg

15. Colour or colours of body, wings and front end R.B.

ADDITIONAL PARTICULARS IN THE CASE OF ALL TRANSPORT VEHICLES OTHER THAN MOTOR CABS.

16. Gross vehicle weight—
(a) as certified by the manufacturer 3100 Kgms.
(b) as registered 3100 Kgms.
17. Number, description and size of tyre
(a) Front axle S 4.25 D X 16 F. NR1816
(b) Rear axle R. NR1816
(c) Any other axle
(d) Tandem axle
18. Registered axle weight—
(a) Front axle 2150 Kgms.
(b) Rear axle 3150 Kgms.
(c) Any other axle
(d) Tandem axle

ADDITIONAL PARTICULARS OF ALTERNATIVE OR ADDITIONAL TRAILER OR SEMI-TRAILERS REGISTERED WITH AN ARTICULATED VEHICLE—

19. Type of body
20. Unladen weight

11/12/10 } 891792/18724710010370
900
30/11/11

Number, description and size of tyres on each axle.....

22 Registered axle weight (in respect of each axle).....
300 63430065100 02/11/10

This certificate is valid from 07/12/10 to 06/12/25

Date 02/12/10

BY R.T.O. KALYAN
Tel. 02-1-2320505

Note.—The motor vehicle above described is
(i) Subject to a hire agreement with.....
(ii) Subject to a lease agreement with.....
(iii) Subject to a hypothecation in favour of.....

Specimen Signature of the
Financier to be affixed and
attested by Registering Authority
with his Seal.

01/12/2011 } 900/-
30/11/2012 } 555475/294210
This certificate is hereby renewed on 02/12/11

to the day of 20.....

Dated 02/12/11 Signature of the Registering Authority
Kalyan

the day of 20.....

Dated 11/12/12 } 900/-
to 30/11/13 } 400460/105K
Transferred to 20/12/12

Address.....
11/12/13 } 900/-
to 30/11/14 } 298248/176K

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

Signature of Registering Authority

01/12/15 } 8 900
to 30/11/16 } 0832233/124
Address 14/12/15

2 Transferred to 30/11/16

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

BY R.T.O. KALYAN
Tel. 0251-2320505

Transferred to.....

Address.....

11/12/15 } 900/-
to 30/11/16 } 09321894-978/16015

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

BY R.T.O. KALYAN
Tel. 0251-2320505

11/12/16 } 900/-
Transferred to 30/11/17 } 973265/10108
Address 14/12/16

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

BY R.T.O. KALYAN
Tel. 0251-2320505

Signature of Registering Authority

11/12/17 } 900/-
Transferred to 30/11/18 } 2532166/330
Address 23/11/17

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

Dy. Regional Transport Officer
Kalyan

07/12/10 891992/1872/71081027
K 900

30/11/11
21. Number, description and size of tyres on each axle

22. Registered axle weight (in respect of each axle)
300 0942 VGP 6510 0711/10 061225
100

This certificate is valid from 07/12/10 to 06/12/25
Date 07/12/10
BY R.T.O. KALYAN
Tel. 02-1-2320505

Note.—The motor vehicle above described

- (i) Subject to a hire agreement with T.P.S. Motors, S.A.D.
- (ii) Subject to a lease agreement with T.P.S. Motors, S.A.D.
- (iii) Subject to a hypothecation in favour of T.P.S. Motors, S.A.D.

Signature of Registering Authority
R.T.O. KALYAN
Tel. 0251-2320505

Specimen Signature of the
financier to be affixed and
attested by Registering Authority
with his Seal.

01/12/2011 900/-
30/11/2012 555475/2940/-
This certificate is hereby renewed on 30/12/11

to the day of 20
Dated 30/11/2011
Signature of the Registering Authority
Kalyan

the day of 20
Dated 1/12/12 900/-
to 30/11/13 400460/105K

30/11/12
Transferred to 1
Address R.T.O. Kalyan

1/12/13 900/-
to 30/11/14 298281/76K
Specimen Signature of the Registering Authority
R.T.O. KALYAN
Tel. 0251-2320505

Signature of Registering Authority

फिटनेस

100/-1211755/125K 18/11/13

2

PA Termination vide

Transferred to.....
Address.....
P.T.O's Order dt- 20/11/13

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

DR. R. TO. KALYAN
MHARASHTRA STATE

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

3

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

No E 2532166

[Spl.-M.V. 40 e.

ORIGINAL

RECEIPT UNDER B. M. V. TAX ACT, 1958

C. B. No. 1959/33 Date 23/11/11

M. V. No. 2032 Month of Regn.

Arrears of Previous Years

From

To

Q

Y

Q

Y

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	Rs.	P.
1) Tax		
2) Addl. Tax		
3) *Interest		
4) Int. on Addl. Tax		
5) Total		

Current Year

1	2	01/12/11
---	---	----------

1	2	3	56
---	---	---	----

30/11/11

	Rs.	P.
6) Tax	900	
7) Addl. Tax		
8) Interest		
9) Int. on Addl. Tax		
10) Total		
11) Grand Total	900	

Received Rs. 900 (Rupees in words)

under B. M. V. Tax Act.

Cashier

Taxation Authority

Note.-This receipt would not be valid unless it is signed in full by the Cashier with the facsimile stamp of the taxation authority.

Y.P.P.-1,48,000 (50 x 3 = 150)-6-2014-PA5-S(Y) 177

Bajaj Allianz General Insurance Company Ltd.
GE Plaza, Airport Road, Yerwade, Pune - 411006 (India)
CERTIFICATE CUM POLICY SCHEDULE

Policy Servicing Off: 4th Floor Destination, Near Shoppers Stop, M.G. Road, Chhatrapati (East), Mumbai-400089 Phone No: 022-47443100
Policy Number OQ-18-1907-1807-00000407
Vehicle Type Miscellaneous & Special Types Of Vehicles
Period Of Insurance From: 18-Dec-2017 00:01 To: 18-Dec-2018 Midnight
Product Commercial Vehicle - Liability Only Policy
Policy Issued on 18-Dec-2017
Cover Note No /
Scrutiny No 78950489
Zone C
Application No
Insured Name SUCHITRA ANAND BHOSALE
Insured Address HOUSE NO 6 DASHRATH NAGAR MHARAL
Customer ID 110613490
Premium Payer ID 110613490
Transaction Id
Policy Status ISSUED
STATE CODE / NAME 27 - Maharashtra

Registration No.	Make	SubType	Model	CC	Mfg year	Seat Cap	Vehicle/Trailer Chassis No	Engine Number
MH0520327	TATA	TOWING VAN	407	0	2010	2	32959	637356

Vehicle IDV	Elec Acc	Non Elec Acc	Trailer	Trailer Reg No	CNG/LPG Unit	Total Sum Insured
0	0	0			0	0

OWN DAMAGE		LIABILITY	
Total Own Damage Premium:		Basic Third Party Liability	4892
		PA Cover For Owner-Driver Of Rs. 200000	100
		LL For Operation/Maintenance For 2 Person	100
		PA cover for 1 Paid Driver(s) of Rs.170000 each	102
		Total Liability Premium:	5194
		Additional loading @ 0%	0
Total premium	5194	***All premium Figures are in Rupees	
Special Discount	0		
Net Premium	5194		
State GST (9%)	467		
Central GST (9%)	467		
Final Premium Rs.	6128		

Geographical Area : INDIA **No Claim Bonus :** 0%
LIMITS OF LIABILITY: Under Section II-1(i) of the policy -> Death of or bodily injury : Such amount as is necessary to meet the requirements of the Motor Vehicles Act, 1988. Under Section II-1(ii) of the policy -> Damage to Third Party Property : Rs.750000/-
LIMITATION AS TO USE: The Policy covers use only under a permit within the meaning of the Motor Vehicle Act, 1988 or such a carriage falling under Sub-section 3 of Section 66 of the Motor Vehicle's Act 1988. The Policy does not cover use for : Organised racing, Pace Making, Reliability Trials, Speed Testing
DRIVER : "Any person including the insured : Provided that a person driving holds an effective driving licence at the time of the accident and is not disqualified from holding or obtaining such a licence. Provided also that the person holding an effective Learner's licence may also drive the vehicle when not used for the transport of goods/passengers at the time of the accident and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989."

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 Vehicle Act, 1988 is recoverable from the Insured. See the clause headed "AVOIDANCE OF CERTAIN TERMS AND RIGHT OF RECOVERY".
 Subject To IMT Endorsement Nos : 39,17,47(Risk is not covered) & Policy wordings attached herewith

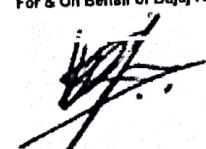
Agency Code BAG100005413 **Channel Name :** ML
Agency Name : Kalnesh Ramesh Patil
Contact No : 09867181666/09867181666
Email - KP251288@GMAIL.COM

Damage Details as per Annexure I
Premium Collection Details :- [Receipt No/Collection No/Amount] 1907-00387335 / 78950489 / Rs. 6128
 *** If premium paid through cheque, the policy is void ab-initio in case of dishonour of cheque.
 This certificate of insurance is issued in accordance with the provision of Chapter X and Chapter XI of M.V. Act, 1988.

Damage Details Annexure :- NA
In case of any claim, please contact our 24 Hour Call centre at 1800-22-5858, 1800-102-5858 (Toll Free) / 91-020-30305858 (chargeable, add area code before this number in case of mobile call) or email us at 'customer@bajajallianz.co.in'.

78950489/-10047666/-/-
 This is a one page Policy Document (without enclosing the Terms and Conditions (T&C) of the Policy) issued by the Company, pursuant to the authorization of Insured to display the T&C of the Policy on its website (www.bajajallianz.co.in) that enables access by the Insured. The T&C of the Policy are available on the Company's website and can be accessed by the Insured.
 Policy contract is not valid unless the Insured signs the original policy, duly countersigned, to be relied on for all legal purposes.

This is the 'Digital Print' and original Policy would follow and the Original policy, duly countersigned, to be relied on for all legal purposes.
For & On Behalf of Bajaj Allianz General Insurance Company Ltd.



Authorized Signatory null
Consolidated Stamp Duty paid towards Insurance Policy Stamps vide Order No. ADJ/CS/4207/7383/07 Dated 18th April 2007 of General Stamp Office, Mumbai



Consolidated stamp Duty paid vide Receipt No: 49 dated 27-NOV-17

Regd. Office : GE Plaza, Airport Road, Yerwade, Pune - 411006 (India), A Company incorporated under Indian Companies Act, 1956 and licensed by Insurance Regulatory and Development Authority of India (IRDA) vide Reg No.113, Corporate Identification Number U66010PN2000PLC015329, BAGIC GST No : 27AABC85730G1ZX | Principal Location : GE Plaza, Airport Road, Yerwade, Pune - 411006 PH:66026666 | Services Accounting Code : 997134 - Motor vehicle insurance services. No reverse charge is payable on these services. | Invoice No. : 91453985/1 - Latest Schedule - 18-Dec-2017 13:24:04 PM (Web)

INDIAN INCOME TAX RETURN ACKNOWLEDGEMENT

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

Assessment Year
2018-19

PERSONAL INFORMATION AND THE
DATE OF ELECTRONIC
TRANSMISSION

Name

SUCHITRA ANAND BHOSALE

PAN

AJOPB1634J

Flat/Door/Block No

3RD FLOOR, R.N. 311,

Name Of Premises/Building/Village

PRABHA VINAYAK CHS.,

Form No. which
has been
electronically
transmitted

ITR-3

Road/Street/Post Office

31-A, SULTAN MANSION, NEW
PRABHADEVI RAOD

Area/Locality

PRABHADEVI,

Status Individual

Town/City/District

MUMBAI

State

MAHARASHTRA

Pin/Zip Code

400025

Aadhaar Number/Enrollment ID

XXXX XXXX 1152

Designation of AO(Ward/Circle) 18(3)(4)

Original or Revised ORIGINAL

E-filing Acknowledgement Number

274939440310818

Date(DD/MM/YYYY) 31-08-2018

COMPUTATION OF INCOME
AND TAX THEREON

1 Gross total income

1 1062324

2 Deductions under Chapter-VI-A

2 154861

3 Total Income

3 907460

3a Current Year loss, if any

3a 0

4 Net tax payable

4 96812

5 Interest and Fee Payable

5 0

6 Total tax, interest and Fee payable

6 96812

7 Taxes Paid

a Advance Tax

7a 45000

b TDS

7b 35573

c TCS

7c 0

d Self Assessment Tax

7d 16239

e Total Taxes Paid (7a+7b+7c+7d)

7e 96812

8 Tax Payable (6-7e)

8 0

9 Refund (7e-6)

9 0

10 Exempt Income

Agriculture

Others

10

The return has been electronically uploaded on 31-08-2018 from IP address 182.56.32.70 and has been electronically verified by SUCHITRA ANAND BHOSLE in the capacity of Self having PAN AJOPB1634J on 31-08-2018 21:39:53 from IP address 182.56.32.70 at MUMBAI using Electronic Verification Code QGL7DBF2BI generated through Aadhaar OTP mode.

DO NOT SEND THIS ACKNOWLEDGEMENT TO CPC, BENGALURU

ITR-V

INDIAN INCOME TAX RETURN VERIFICATION FORM

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

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

Assessment Year
2017-18

PERSONAL INFORMATION AND THE
DATE OF ELECTRONIC
TRANSMISSION

Name SUCHITRA ANAND BHOSALE		PAN AJOPB1634J	
Flat/Door/Block No 3RD FLOOR, R.N. 311,	Name Of Premises/Building/Village PRABHA VINAYAK CHS.,		Form No. which has been electronically transmitted ITR-3
Road/Street/Post Office 31-A, SULTAN MANSION, NEW PRABHADEVI RAOD	Area/Locality PRABHADEVI,		Status Individual
Town/City/District MUMBAI	State MAHARASHTRA	Pin/Zip Code 400025	Aadhaar Number/ Enrollment ID 615350531152
Designation of AO (Ward / Circle) 18(3)(4)			Original or Revised ORIGINAL
E-filing Acknowledgement Number 229891420031017			Date (DD-MM-YYYY) 03-10-2017

COMPUTATION OF INCOME
AND TAX THEREON

1	Gross Total Income	1	863078
2	Deductions under Chapter-VI-A	2	152718
3	Total Income	3	710360
a	Current Year loss, if any	3a	0
4	Net Tax Payable	4	69084
5	Interest Payable	5	588
6	Total Tax and Interest Payable	6	69672
7	Taxes Paid	7a	25000
a	Advance Tax	7b	43647
b	TDS	7c	0
c	TCS	7d	1025
d	Self Assessment Tax	7e	69672
e	Total Taxes Paid (7a+7b+7c +7d)	8	0
8	Tax Payable (6-7e)	9	0
9	Refund (7e-6)	10	
10	Exempt Income		

VERIFICATION

I, **SUCHITRA ANAND BHOSLE** son/ daughter of **SHIVRAM SURVE**, holding Permanent Account Number **AJOPB1634J** 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 2017-18. 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 *Ashwale* × Date **03-10-2017** 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

Filed from IP address **182.56.126.246**

Date

Seal and signature of
receiving official



AJOPB1634J0322989142003101779350BA086AE8D037BDBB3759591699BFD1

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 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-address **anandbhosale786@gmail.com**

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
2016-17PERSONAL INFORMATION AND THE
DATE OF ELECTRONIC
TRANSMISSION

Name SUCHITRA ANAND BHOSALE		PAN AJOPB1634J	
Flat/Door/Block No 3RD FLOOR, R.N. 311,	Name Of Premises/Building/Village PRABHA VINAYAK CHS.,		Form No. which has been electronically transmitted ITR-4
Road/Street/Post Office 31-A, SULTAN MANSION, NEW PRABHADEVI RAOD	Area/Locality PRABHADEVI,		
Town/City/District MUMBAI	State MAHARASHTRA	Pin 400025	Status Individual
Designation of AO (Ward / Circle) 18(3)(4)		Original or Revised ORIGINAL	
E-filing Acknowledgement Number 471336310290916		Date (DD-MM-YYYY) 29-09-2016	

COMPUTATION OF INCOME
AND TAX THEREON

1	Gross Total Income	1	729885
2	Deductions under Chapter-VI-A	2	153541
3	Total Income	3	576340
a	Current Year loss, if any	3a	0
4	Net Tax Payable	4	41476
5	Interest Payable	5	1345
6	Total Tax and Interest Payable	6	42821
7	Taxes Paid		
a	Advance Tax	7a	16000
b	TDS	7b	16928
c	TCS	7c	0
d	Self Assessment Tax	7d	9893
e	Total Taxes Paid (7a+7b+7c +7d)	7e	42821
8	Tax Payable (6-7e)	8	0
9	Refund (7e-6)	9	0
10	Exempt Income	10	2059

VERIFICATION

I, **SUCHITRA ANAND BHOSALE** son/ daughter of **SHIVRAM SURVE**, holding Permanent Account Number **AJOPB1634J** 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 2016-17. 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 *S. Bhosale* Date **29-09-2016** 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 NoFiled from IP address **182.56.71.208**

Date

Seal and signature of
receiving official

AJOPB1634J0447133631029091662EF80CF91BAD1954EDCF470CF30C85BE00EAA5C

Please send the duly signed Form ITR-V to "Income Tax Department - CPC, Post Bag No - 1, Electronic City Post Office, Bengaluru - 560100, Karnataka", 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 _____ will be sent to the e-mail address **anandbhosale786@gmail.com**

आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA

BHOSLE SUCHITRA ANAND

SHIVRAM RAMCHANDRA SURVE

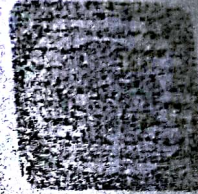
14/11/1979

Permanent Account Number

AJOPB1634J

Ghosal

Signature




 **भारत सरकार**
GOVERNMENT OF INDIA


सुचित्रा आनंद भोसले
Suchitra Anand Bhosale
जन्म वर्ष / Year of Birth : 1979
स्त्री / Female

6153 5053 1152 

आधार — सामान्य माणसाचा अधिकार

 **भारतीय विशिष्ट ओळख प्राधिकरण**
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता : W/O आनंद भोसले, ३१२, प्रभाविनायक को.ऑप.हौ. सोसायटी, न्यू प्रभादेवी रोड,
प्रभादेवी मंदिराजवळ, प्रभादेवी, मुंबई, महाराष्ट्र, 400025

Address : W/O Anand Bhosale, 312, Prabhavinayak Co.Op.Hsg.Society, New
Prabhadevi Road, Near Prabhadevi Temple, Prabhadevi, Mumbai,
Maharashtra, 400025

Aadhaar - Samanya Maansacha Adhikaar

पोलीस उप आयुक्त, वाहतूक विभाग, ठाणे शहर



OW/DCP TRF/REDN/CRAM/APPROB/RLY/4669/2018
पोलीस उप आयुक्त, वाहतूक विभाग, ठाणे शहर
मीन हात नाका, एल.बी.एस.मार्ग, नैगाडा, ठाणे
दिनांक :- 07122018
दुरध्वनी क्रमांक :- 022-25401056

प्रति,

सुचित्रा भोगळे,
राह. प्रभाविनायक सो.,
न्यु. प्रभादेवी रोड, मुंबई २५.

विषय :- कर्षित वाहनाच्या नियुक्तीबाबत.

मोटर वाहन कायदा - १९८८ चे कलम १२७ अन्वये आपल्या कर्षित वाहन क्रमांक MH 05 Z 327 ची सेवा ठाणे वाहतूक विभागाच्या कल्याण 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

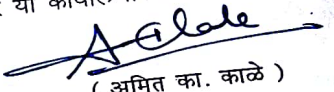
१. वाहतूक विभाग, ठाणे शहर यांना पुरविण्यात येणारी कर्षित वाहनांचे संपूर्ण कागदपत्र (उदा. रजिस्ट्रेशन, पी. यु. सी., इन्शुरन्स, फिटनेस इ.) वेळोवेळी परीपूर्ण केलेले असावेत.
२. कर्षित वाहन मालकाने कर्षित वाहनाचे सर्व प्रकारचे कर (उदा. जकात कर, सेवा कर व आयकर, जी. एस. टी. इ.) नियमित भरावे व कर भरलेबाबतचे विवरणपत्राची प्रत या कार्यालयात सादर करावे.
३. खाजगी कर्षित वाहन मालकाने त्यांच्या वाहनावरील सर्व कर्मचा-यांचे फोटो व चारित्र्याबाबत दाखला कर्मचारी वास्तव्य करित असलेल्या स्थानिक पोलीस ठाण्यावरून प्राप्त केलेला असावा.
४. कर्षित वाहनावरील कर्तव्यावर असलेले कर्मचारी हे नीटनेटक्या व निळ्या 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. ड्युटीवर 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.

Recive
Bhosale

६. कर्षित वाहन मालकाचे कर्षित वाहनावरील कर्मचा-यांना ओळखण पुरविणे आवश्यक आहे.
त्यावर प्रभारी पोलीस विरीक्षक, वाहतूक उपविभाग हे प्रतिस्पर्धी करतील.
७. प्रत्येक कर्षित वाहनावर स्वच्छतेचे मोठ्या 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 वाहनमालकाचे 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 मालकाचे कर्षित रक्कम भरलेबाबत दिल्या जाणा-या पावतीवर तो राहत असलेल्या निवासस्थानाचा 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 कमांका बरोबरच कसूरदार वाहनचालकांकडून घेण्यात येणारे शुल्काची रक्कम वाहन मालक स्वतः 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 वाहनांमध्ये जर अचानक तांत्रिक बिघाड निर्माण झाला तर सदर कर्षित वाहन मालकाचे 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 गाडीचे 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 राहिल व नुकसान 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 आले आहेत. सदर दर खालीलप्रमाणे आहेत.

अ.क्र.	वाहनाचा प्रकार	टोईंग चार्जस (रु.)
१	दोनचाकी वाहन	१००/-
२	तीन चाकी (ऑटो रिक्शा)	१००/-
३	कार, जीप	२००/-
४	मोटर टॅक्सी	१५०/-
५	टेम्पो, मिनी बस	४००/-
६	मोटी लॉरी, ट्रक, टॅकर, ट्रेलर व बसेस	६००/-

१९. कर्षित वाहनाच्या नियुक्ती संदर्भातील प्रशासकीय/कार्यकारी अटी व शर्तीचे उल्लंघन आपण केल्यास तसेच कर्षित वाहनाच्या सेवेबाबत अथवा वाहनावर काम करण्या-या कर्मचा-यांच्या वर्तनाबाबत 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 स्वतः जबाबदार असेन.

सही.....Bhosale.....
नाव :- सुचित्रा भोसले.
दिनांक :- ८/१२/२०१८

प्रत माहिती व कार्यवाहीसाठी.

- १) सपोआ कल्याण वाहतूक विभाग, ठाणे शहर.
- २) प्रभारी अधिकारी कल्याण 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 उपविभागात 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.