ORDINARY

साधारण/अविलंब/दस्ती ORDINARY/URGENT/DASTI

दीवानी नाज़िर/थानाध्यक्ष /CIVIL NAZIR/S.H.O.

अहलमद/AHLMAD

आदेश की तारीख/DATE OF ORDER	**14.01.2019**	प्रोसेस सर्वर का नाम NAME OF PROCESS SERVER	
आदेशिका फीस दाखिल करने की तारीख DATE OF FILING OF P.F.	**28.01.2019**		
जारी करने की तारीख/DATE OF ISSUE	**11.03.2019**		
संलग्न दस्तावेजों की संख्या NO. OF DOCUMENTS ANNEXED	ATTACHED	आदेशिका(ओं) की संख्या/No. OF PROCESS	
सुनवाई की अगली तारीख/NEXT DATE OF HEARING	**29.03.2019 10:00 AM**	वापसी की तारीख/DATE OF RETURN	

Case Reg. No.: MACT/425/2018
FIR No. :
P.S. :
U/S :

सतीश कुमार पाण्डेय
SATISH KUMAR PANDEY
पीठासीन अधिकारी मोटर दुर्घटना दावा अधिकरण
Presiding Officer Motor Accident Claim Tribunal
दक्षिण जिला, पूर्व विंग, 1 ला
South District, East Wing, 1st Floor
साकेत कोर्ट कॉम्प्लेक्स, नई दिल्ली
Saket Courts Complex, New Delhi

जे. (फौजदारी)3/J. (Crl.)3

नोटिस/**Notice**
आदेश के अनुसार/As per order

ANJANI KUMAR

VS

SUNIL KUMAR

अर्जी/**Application**
नोटिस/Notice

To,

MANAGER,
M/S OLA FLEET TECHNOLOGY LTD.
PLOT NO 86, UDYOG VIHAR,
PHASE 1, GURGAON HARYANA.

चूंकि ..... ने अर्जी दी है अतः आप को इस नोटिस के द्वारा सूचित किया जाता है कि तारीख को स्वयं या वकील के जरिए हाजिर हों।

WhereaPREM CHANDs..... application has been made before me and you are hereby informed through this notice dated..... you are hereby required to appear in person or by pleader on next date of hearing i.e. **29.03.2019 at 10:00 AM.**

(मुद्रा)
(Seal)

न्यायाधीश
JUDGE
Motor Accident Claim Tribunal
South, New Delhi
Judge

BEFORE THE MOTOR ACCIDENT CLAIM TRIBUNAL: SAKET: NEW DELHI

CLAIM CASE NO.---------- OF 2018

IN THE MATTER OF-

ANJANI KUMAR TRIPATHI & ORS Vs. SUNIL KUMAR & ORS

MEMO OF PARTIES

1. Anjani Kumar Tripathi
   s/o. sh. Ravindra Nath Tripathi
2. Aruna Devi w/o sh. Anjani Kumar Tripathi
   Both r/o. C-14, Second Floor,Khasra No. 216,
   Chattarpur Enclave Phase-II,South Delhi
   Delhi 110074. ...Petitioners

Versus.

1. Sunil Kumar s/o. Sant Ram
   r/o. Vill. Illahabas Phase-2, Noida ...Driver/R-1
2. M/s Ola Fleet Technologies (P)Ltd
   Through its Manager
   Plot No. 86, Udyog Vihar,Phase-I,
   Gurgaon, Haryana 122001. ...Regd. Owner/R-2
3. Bajaj Allianz General Insurance Co. Ltd.
   Through its Manager
   Yasuf Sarai, DDA Market Shop No. 13,
   1st Floor, New Delhi-16 ...Insurer/R-3

Dated: 19/11 /2018 Petitioners

Through

Delhi: Jatinder Kamra (D 567/97)
Counsel for Petitioners
28, Western Wing, Tis Hazari Courts
Delhi -54.jatinkamra@yahoo.com
9810254409

FORM -G

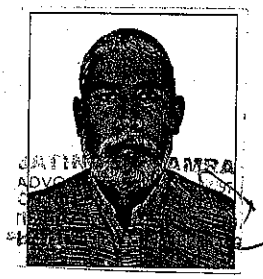
APPLICATION FOR GRANT OF COMPENSATION UNDER THE MOTOR VEHICLES, ACT, 1988.

BEFORE THE MOTOR ACCIDENT CLAIM TRIBUNAL: SAKET: NEW DELHI

CLAIM CASE NO.---------- OF 2018

IN THE MATTER OF-

ANJANI KUMAR TRIPATHI & ORS Vs. SUNIL KUMAR & ORS



Sir,

The undersigned makes this application for grant of compensation under section 166 and 140 of the Motor Vehicles Act, 1988 on the basis of the following facts and information:-

PART-1

1. Name and Father's name of the person injured/dead.(Husband's Name in cases of married woman and widow).	Karunapathi Tripathi s/o sh. Anjali Kumar Tripathi
2. Full address of the person Injured/Dead	C-14, Second Floor,Khasra No. 216, Chattarpur Enclave Phase-II,South Delhi Delhi 110074
3. Age of the person Injured/dead:	28 yrs.
4. Occupation of the person Injured/dead	Assistant Manager Operations and Band
5. Name and address of the employer	Exl Services.Com (India) Private limited414, 4th Floor

of the Injured/Dead	DLF Jasola Tower B- Block, Plot No. 10 & 11, District Centre Jasola New Delhi-44.
6. Monthly Income of the person injured/dead.	Rs. 7,00,000/- approx p.a
7. Does the person in respect of whom compensation is claimed: Pay income tax? If so, state the amount of the income tax (to be supported by documents)	Yes
8. Place, date and time of accident:	On 27-8-2018 at about 22:00/22-30 hrs on road in front of Gulshan Ekabana Society Sector-143, Noida, PS Surajpur, Gautambudh Nagar.
9. Brief particulars of the accident:	That on 27-8-2018, Karunapathi Tripathi was going in a car (Maruti Zen bearing No. UP-14 AE-5166) in front of road of Gulshan Ekabana Socity Sector 143 Noida at about 10:00/10:30 PM a Swift Desire Car bearing No. HR-55AB-0243 came from wrong side against the flow of traffic in very high speed and without any horn or signal hit the car of Karunapathi Tripathi resulting in road accident. Karunapathi Tripathi suffered grievous injuries and was taken by police to Felix Hospital and

	then referred to Jaypee Hospital Noida. That during the treatment of accidental injuries Karunapthi Tripathi died on 30-8-2018. This accident occurred solely due to rash and negligent driving of driver of offending Swift Desire Car bearing No. HR-55AB-0243 and none-else, had the driver of offending car been vigilant and not drove his car in high speed on the wrong side i.e against the flow of traffic, this accident could have averted. Post mortem was conducted. That deceased was unmarried aged 28 yrs and had left behind present petitioners being parents as only legal heirs.
10. Name and address of police station in whose jurisdiction the accident took place or was registered:	PS Surajpur, District Gautam Budh Nagar, UP, recorded FIR No.0946/18 dated 18-9-2018 u/s 279/338/304A/427 IPC.
11. Was the person in respect of whom compensation is claimed travelling by the vehicle involved in the accident? If so, give the name and place of starting the journey and destination:	Deceased was driving Maruti Zen bearing No. UP-14 AE-5166 when hit by offending car.
12. Nature of injuries sustained and disablement, if any incurred:	Fatal Injuries died on 30-8-2018 due to road accident.

13.Name and address of the Medical officer/Practitioner if any, who attended on the injuries:	Firstly to taken by police to Felix Hospital and then referred to Jaypee Hospital Noida.
14.Period of treatment and expenditure, if any incurred:	Died on 30-8-2018
15. Registration No and type of vehicle involved in the accident:	Swift Desire Car bearing No. HR-55AB-0243
16. Name and address of the owner of the offending vehicle.	Respondent No.2
17. Name of the driver of the offending vehicle	Respondent No.1
18. Name and address of the insurer of the vehicle.	Respondent No.3. Copy of insurance policy placed on record.
19. Has any claim been lodged with the owner/Insurer, if so, what result:	No
20. Name and address of applicant	As stated in Petition/Memo of parties appended herewith.
21. Relationship with the deceased/injured.	Parents of deceased.
22. Title of the property of the deceased/injured.	Fatal Injuries.
23. Amount of compensation claimed and basis thereof:	100 lac
24. Whether reports from the police and the Registered authority have been obtained in Form 'A' and Form 'D" (if	Petitioners applied and further undertakes to place on record as soon it is received.

so to be annexed):	
25. Whether affidavit of the Applicant and witnesses as per rule 8 are annexed.	Yes Affidavit in support of all facts on which applicant relies has been annexed.
26. Whether documents mentioned in Rule 8 are being annexure duly indexed.	Yes.
27. Any other information that may be necessary and helpful in the disposal of the case:	That deceased was unmarried aged 28 yrs and was gainfully employed as Assistant Manager-Operation and Band in a reputed company i.e Exl Services.Com (India) Private limited earning about Rs. 7,00,000 per annum and was posted at Noida. That deceased was bread winner of the family, and was contributing toward household expenses of petitioners herein. All the petitioners were financially and emotionally dependent upon the deceased. All the petitioners suffered loss of dependency. Deceased had bright future prospects and income of deceased would have increased with passage of time. That deceased being in stable employment had bright future and would have scaled high post and income levels.

	That economic factors such as inflation, deprecating rupee etc may be considered while ascertaining just and proper compensation.
	That besides earning deceased being male member of family was also providing gratuitous services to the family such as escorting the parents, helped in bringing grocery, paying utility bills etc. The voluntary services of deceased were price less in smooth running of the affairs of the family. That after the demise of deceased those value added services which were available to petitioners had eroded and petitioners had to spent extra amount to avail or outsource few of those services which deceased used to provide by giving valuable time to petitioners. The gratuitous services of deceased had notional pecuniary value and can be factored in monetary value of not less than Rs 10,000/- per month as deceased used to spent about 2-3 hrs per day through the year irrespective of day or night. The loss of love and affection & company of deceased may

	be compensated. The loss of estate may be granted as his earning would have devolved saving etc. That expenses of Rs 65000/- were incurred on funeral expenses of deceased which may be granted as part of compensation. That respondent No.1 being driver is employee /agent of respondent No.2 who is owner of offending Swift Desire Car bearing No. HR-55AB-0243 and respondent No.3 is insurer of offending vehicle, all the respondents are jointly and severally liable to compensate petitioners. That this hon'ble court had got territorial jurisdiction to adjudicate present claim petition as petitioners are resident of Delhi, and respondent No. 3 had branch and operational office at Delhi. The petitioners had not filed any other claim case except the present one arising out of accidental death of Karunapthi Tripathi, in a road accident dated 27-8-18 and had not filed any other claim case anywhere in India except the present one.

PART-II (To be filed if prayer is made for interim award)

28. Amount of compensation claimed as interim award.	Rs 50,000 /-
29. Reasons for claiming interim award.	Fatal Injuries.
30. Whether documents mentioned in sub-rule(4) and subrule(5) of rule 20 have been annexed.	Petitioner has applied for report, in the form 'C" & 'D"
31.Prayer:	It is, therefore respectfully prayed that this hon'ble Tribunal may kindly pass an award for a sum of Rs. 1,00,00,000/-(One crore) along with interest @ 12% per annum, in favour of petitioners and against the respondents It is further prayed that interim award for a sum of Rs 50,000/- along with interest @ 12% per annum, in favour of petitioners and against the respondents. Any other relief which this hon'ble tribunal may deem fit and proper in the peculiar facts and circumstance of the case.

Dated: 14/11/2018

Petitioners अरुणा देवी

Through

Delhi:

Jatinder Kamra Adv D567/97

Counsel for Petitioners

28, Western Wing, Tis Hazari Courts

Delhi -54.jatinkamra@yahoo.com

9810254400:9810254409

Verification: Verified at Delhi this 14 day of November 2018 that the contents of the above application are true and correct to my knowledge and belief.

Petitioners

BEFORE THE MOTOR ACCIDENT CLAIM TRIBUNAL: SAKET: NEW DELHI

CLAIM CASE NO.---------- OF 2018

IN THE MATTER OF-

ANJANI KUMAR TRIPATHI & ORS Vs. SUNIL KUMAR & ORS

AFFIDAVIT

I Anjani Kumar Tripathi s/o. sh. Ravindra Nath Tripathi r/o. C-14, Second Floor,Khasra No. 216,Chattarpur Enclave Phase-II,South Delhi Delhi 110074 aged 54 yrs do hereby solemnly affirm and declare as under:-

1. That deponent is petitioner No.1 in the abovementioned claim case and is conversant with the facts and circumstance of present case, hence competent to file present affidavit. That except the petitioners mentioned in claim petition there are no other legal heirs of deceased Karunapathi Tripathi who was my son died due to road accident dated 27-8-18.

2. That statement of facts contained in my claim petition is true and correct to the best of my knowledge/belief and has been drafted by my counsel on my instructions which has been read over to me in vernacular language and I have signed the same after understanding the same.

3. That deponent has not filed any other claim petition arising out of same cause of action anywhere, except the present one arising out of road accident dated 27-8-2018 anywhere in India.

4. That content of annexed claim petition may be read as part and parcel of this affidavit and same is not repeated for the sake of brevity.

5. That deponent has not been involved in any earlier accident and no tribunal had ever granted/made liable, for any compensation arising out of motor vehicle accident.

Deponent

JATINDER KAMRA
ADVOCATE
CH.No.28 WESTERN WING
TIS HAZARI COURTS DELHI
CH:011-23913213,9811025409

Verifications:- Verified at Delhi on this 14 day of Nov 2018 that content of para 1 to 5 of my above stated affidavit is true and correct to the best of my knowledge and belief and nothing material has been concealed thereof.

Identify Executent
Was signed in my presence

Deponent

The Seal of Oath Commissioner
SL. No. 32/17
JAI PRAKASH SHARMA
App. by Delhi High Court
Period 11/5/2018
to 16/5/2020
Tis Hazari Court, Delhi-54

CERTIFIED THAT THE DEPONENT
Shri/Smt./Km. [illegible]
S/o/W/o/D/o [illegible]
R/o [illegible]
Identified by Sh./Smt. [illegible] R/o [illegible]
has solemnly affirmed before me at Delhi
On [illegible] that the
contents of the above affidavit have been
read & explained to him/her are true &
Correct to his/her/knowledge

Oath Commissioner Delhi

13

BEFORE THE MOTOR ACCIDENT CLAIMS TRIBUNAL:SAKET COURTS:

NEW DELHI

CLAIM CASE NO.----------/2018

IN THE MATTER OF:-

ANJANI KUMAR TRIPATHI & ORS VS. SUNIL KUMAR & ORS

AFFIDAVIT

I Aruna Devi w/o sh. Anjani Kumar Tripathi r/o. C-14, KH No. 216 Min, Second Floor, Chattarpur Enclave, Delhi-74 aged 49 yrs Delhi do hereby solemnly affirms and declares as under:-

1. That deponent is petitioner No.2 in the abovementioned claim case and is conversant with the facts and circumstance of present case, hence competent to file present affidavit. That except the petitioners mentioned in claim petition there are no other legal heirs of deceased Karunapthi Tripathi as both names belong to one and the same person who was my son died due to road accident dated 27-8-18.

2. That statement of facts contained in my claim petition is true and correct to the best of my knowledge/belief and has been drafted by my counsel on my instructions which has been read over to me in vernacular language and I have signed the same after understanding the same.

3. That deponent has not filed any other claim petition arising out of same cause of action anywhere, except the present one arising out of road accident dated 27-8-2018.

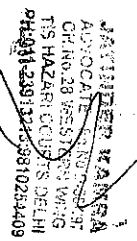
4. That content of annexed claim petition may be read as part and parcel of this affidavit and same is not repeated for the sake of brevity.

5. That deponent has not been involved in any earlier accident and no tribunal had ever granted/made liable, for any compensation arising out of motor vehicle accident.

14

अरुना देवी

Deponent



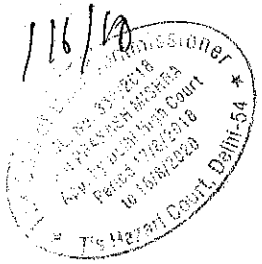
Verifications:- Verified at Delhi on this 14 day of Nov 2018 that content of para 1 to 5 of my above stated affidavit is true and correct to the best of my knowledge and belief and nothing material has been concealed thereof.

Identify Executent
was signed in my presence

अरुनादेवी

Deponent

अरुनादेवी

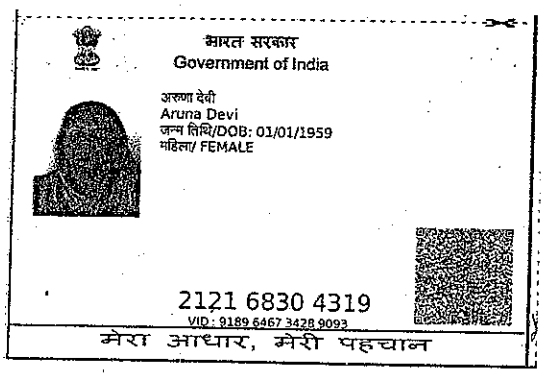


CERTIFIED THAT THE DEPO
Shri/Smt./Km.
S/o/W/o/D
R/o
Identified by
has solemnly
On
contents of the
read & explained to him/her are true &
Correct to his/her/its knowledge

Oath Commissioner Delhi

16

Annexure-A.

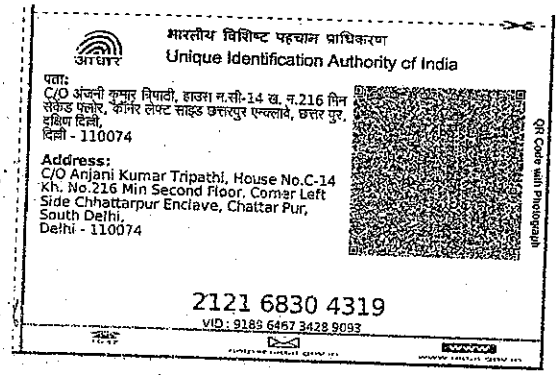


भारत सरकार
Government of India

अरुणा देवी
Aruna Devi
जन्म तिथि/DOB: 01/01/1959
महिला/ FEMALE

2121 6830 4319
VID : 9189 6467 3428 9093

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
C/O अंजनी कुमार त्रिपाठी, हाउस न.सी-14 ख, न.216 मिन सेकेंड फ्लोर, कॉर्नर लेफ्ट साइड छत्तरपुर एन्क्लावे, छत्तर पुर, दक्षिण दिल्ली,
दिल्ली - 110074

Address:
C/O Anjani Kumar Tripathi, House No.C-14 Kh. No.216 Min Second Floor, Corner Left Side Chhattarpur Enclave, Chattar Pur, South Delhi,
Delhi - 110074

2121 6830 4319
VID : 9189 6467 3428 9093

15

List of Document Produced by PLAINTIFF DEFENDANT

Order XIII Rule of the order of Civil Procedure from prescribed by the High Court in the Court of MACT Saket New Delhi Suit No._____of 201

Anjani kumar Tripathi & ors Plaintiff

Versus

Sunil kumar & ors Defendant

List of documents produced with the plaint (or the first Hearing on behalf of teh Plaintiff or Defendant)

Date of hearing This list as filed by Petitioner This 14 day of Nov-2018

1	2	3	4	5	6
Serial No.	Descriptions and date if any of this document	That the Document is intended to prove	What become of the document		Remark
			brought the record the exhibit mark put on the document	If rejected date of return to Party & Signature of Party or Pleader to whom the document was return	
(1)	Copy of Aadhar Card of Petitioner Annexure-A				
(2)	Copy of FIR Annexure-B				
(3)	Copy of DL of R-1 Annexure-C				
(4)	Copy of RC, Fitness, All India Permit, Authorization for Permit of offending Vehicle Annexure-D to D3				
(5)	Copy of Insurance Policy Annexure-E				
(6)	Copy of MLC Annexure-F				
(7)	Copy of Post Mortem Report of Deceased Annexure-G				
(8)	Copy of Death Certificate of Deceased Annexure-H				through Advocate
(9)	Copy of Educational Document & Salary Package letter of Deceased Annexure-I to I2				
					Signature of Party or Please date Processing

(17)

Annexure-B

N.C.R.B (एन.सी.आर.बी)
I.I.F.-I (एकीकृत जाँच फार्म -I)

FIRST INFORMATION REPORT

(Under Section 154 Cr.P.C.)
प्रथम सूचना रिपोर्ट
(धारा 154 दंड प्रक्रिया संहिता के तहत)

1. District (जिला): गौतम बुद्ध नगर P.S. (थाना):सूरजपुर Year (वर्ष): 2018
FIR No. (प्र.सू.रि. 0946 Date & Time of FIR (प्र.सू.रि. की दिनांक/समय):18/09/2018 19:00 बजे

2.

S.No. (क्र.सं.)	Acts (अधिनियम)	Sections (धारा(एँ))
1	भा द सं 1860	279
2	भा द सं 1860	338
3	भा द सं 1860	304-A
4	भा द सं 1860	427

3. (a)Occurrence of offence (अपराध की घटना):
1. Day (दिन): सोमवार Date From (दिनांक से 27/08/2018 Date To (दिनांक तक)27/08/2018
Time Period (समय अवधि):पहर 8 Time From (समय से):22:00 बजे Time To (समय तक):22:30 बजे

(b)Information received at P.S. (थाना जहां सूचना प्राप्त हुई):
Date (दिनांक):18/09/2018 Time (समय):18:29 बजे

(c) General Diary Reference (रोजनामचा संदर्भ):
Entry No. (प्रविष्टि सं.):053 Date & Time (दिनांक और समय): 18/09/2018 18:29 बजे

4. Type of Information (सूचना का प्रकार): लिखित

5. Place of Occurrence (घटनास्थल):
1. (a) Direction and distance from P.S.(थाना से दूरी और दिशा):दक्षिण, 13 किमी Beat No. (बीट सं.):
(b) Address (पता): गुलशन इकेबाना सोसाइटी के पास,से0 143
(c) In case, outside the limit of this Police Station, then (यदि थाना सीमा के बाहर है तो):
Name of P.S.(थाना का नाम): District(State) (जिला (राज्य)):

6. Complainant / Informant (शिकायतकर्ता/सूचनाकर्ता):
(a) Name (नाम): श्री छमापति त्रिपाठी
(b) Father's/Husband's Name(पिता / पति का नाम) :
(c) Date/Year of Birth (जन्म तिथि /.वर्ष): 1988 (d) Nationality (राष्ट्रीयता): भारत
(e) UID No. (यूआईडी सं.):
(f) Passport No.(पासपोर्ट सं.): Date of Issue (जारी करने की तिथि):
Place of Issue (जारी करने का स्थान):
(g) Id details (Ration Card,Voter ID Card,Passport,UID No.,Driving License,PAN)

S.No.(क्र.सं.)	Id Type (पहचान पत्र का प्रकार)	Id Number (पहचान संख्या)
1		

(h)Address (पता):

S.No.(क्र.सं.)	Address Type (पता का प्रकार)	Address (पता)
1	वर्तमान पता	सी 14 ,सूरपुर इन्कलेव फेस 2 ,नई दिल्ली ,नई दिल्ली,दिल्ली,भारत
2	स्थायी पता	सी 14 ,सूरपुर इन्कलेव फेस 2 ,नई दिल्ली ,नई दिल्ली,दिल्ली,भारत

(i) Occupation (व्यवसाय):

(j) Phone number (दूरभाष सं.): Mobile (मोबाइल सं.):

7. Details of known/suspected/unknown accused with full particulars (ज्ञात / संदिग्ध / अज्ञात अभियुक्त का पूरे विवरण सहित वर्णन):
Accused More Than (अज्ञात आरोपी एक से अधिक हों तो संख्या):

S.No.(क्र. सं.)	Name (नाम)	Alias (उपनाम)	Relative's Name (रिश्तेदार का नाम)	Present Address (वर्तमान पता)
1.	अज्ञात 1			

8. Reasons for delay in reporting by the complainant/informant (शिकायतकर्ता / सूचनाकर्ता द्वारा रिपोर्ट देरी से दर्ज कराने के कारण):

9. Particulars of properties of interest (संबन्धित सम्पति का विवरण):

S.No. (क्र. सं.)	Property Category (संपत्ति श्रेणी)	Property Type (सम्पति का प्रकार)	Description (विवरण)	Value(In Rs/-) (मूल्य (रु में))

10. Total value of property (In Rs/-)-सम्पति का कुल मूल्य(रु में):

11. Inquest Report / U.D. case No., If any (मृत्यु समीक्षा रिपोर्ट / यू.डी.प्रकरण सं., यदि कोई हो)
S.No. (क्र. UIDB Number (यू.डी.प्रकरण

12. First Information contents (प्रथम सूचना तथ्य):
नकल तहरीर हिन्दी वादी सेवा में श्रीमान थाना अध्यक्ष थाना सूरजपुर गौतमबुद्धनगर(यूपी) विषय- सड़क दुर्घटना दिनांक 27.08.18 के FIR दर्ज करने हेतु प्रार्थना पत्र महोदय, आपको सूचित करना है कि मेरा भाई कृष्णपति पुत्र श्री अंजनी कुमार त्रिपाठी लगभग रात 10-10.30 बजे गुलशन इकीवाना सोसाइटी के पास सेक्टर 143 से कार में जा रहा था तभी अचानक तेज रफ्तार से चलती हुई सफेद रंग की SWIFT DISIRE नं0 HR 55 AB 0243 WRONG SIDE से AGAINST THE FLOW OF TRAFIC बिना किसी SIGNAL या HORN के लहराते हुआ चलाता हुआ आया और मेरे भाई कि गाडी में टक्कर मारी जिसके कारण मेरे भाई को गम्भीर चोट लगी और पुलिस द्वारा रात लगभग 10.45 (PM) बजे 27.8.18 को FELIX HOSPITAL में भर्ती कराया उसके बाद उसे गहरी चोटों के कारण JAYPEE HOSPITAL NOIDA में इलाज हेतु भर्ती कराया , दौरान इलाज एक्सीडेन्ट मे लगी चोटों के कारण मेरे भाई की मृत्यु 30.8.18 को हो गई उसके पश्चात पोस्ट मार्टम कराया गया यह एक्सीडेन्ट चालक WHITE SWIFT DESIRE नं0 HR 55 AB 0243 के तेज रफ्तारी व गलत ढंग व WRONG SIDE से गाडी चलाने व गलत व लापरवाही के कारण हुआ मेरा भाई मारुती ZEN UP 14 AE 5166 चला रहा था जिसमें बहोत जादा मात्रा में चोट छतिग्रस्त हो गयी है। भाई की मृत्यु के कारण हम सब गहरे सदमे मे थे अत: पहले रिपोर्ट लिखवाने नहीं आ सके अब आये है कृपा करके FIR दर्ज कर कानूनी कार्यवाई की जाये प्रार्थी छमा पति त्रिपाठी(भाई) C- 14 छतरपुर इन्क्लेव फेस 2 नई दिल्ली 110074 मो0 9582797006 एसडी वादी नोट- मैं सीसी 1023 पुनीत कुमार यह प्रमाणित करता हुँ कि तहरीर की नकल शब्द व शब्द अंकित की गयी है।

13. Action taken: Since the above information reveals commission of offence(s) u/s as mentioned at item -
(की गयी कार्यवाही : चूंकि उपरोक्त जानकारी से पता चलता है कि अपराध करने का तरीका मद सं. 2 में उल्लेख धारा के तहत

(1) Registered the case and took up the investigation:

or

(2) Directed (Name of I.O.) (जांच अधिकारी का नाम): YOGENDRAPAL SINGH Rank (पद): Asst. SI (Assistant Sub-
No.(812011368 to take up the investigation (को जांच अपने पास में लेने के लिए निर्देश दिया गया)

(3) Refused investigation due to (जांच के लिए):

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N.C.R.B (एन.सी.आर.बी)
I.I.F.-I (एकीकृत जाँच फार्म -I)

or (के कारण इंकार किया

(4) Transferred to P.S. District
on point of jurisdiction (को क्षेत्राधिकार के कारण

F.I.R. read over to the complainant / informant,admitted to be correctly recorded and a copy given to the complainant / informant free of cost. (शिकायतकर्ता / सूचनाकर्ता को प्राथमिकी पढ़ कर सुनाई गयी, सही दर्ज हुई माना और R.O.A.C.(आर. ओ .ए .सी.)

14. Signature/Thumb impression of the complainant / informant.(शिकायतकर्ता / सूचनाकर्ता के हस्ताक्षर / अंगूठे का निशान):

15. Date and time of dispatch to the court (अदालत में प्रेषण की दिनांक और समय):

Signature of Officer in charge, Police Station
(भारी प्रभारी के हस्ताक्षर)
Name (नाम): Manish Kumar Saxena
Rank(पद): (Inspector)
No.(सं.): 00241395

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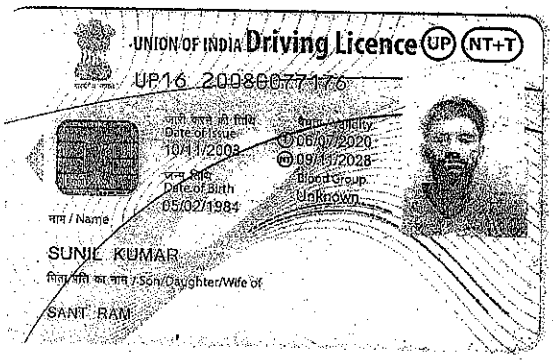
Annexure-C


UNION OF INDIA Driving Licence (UP) (NT+T)

UP16 20080077176

जारी करने की तिथि
Date of Issue
10/11/2008

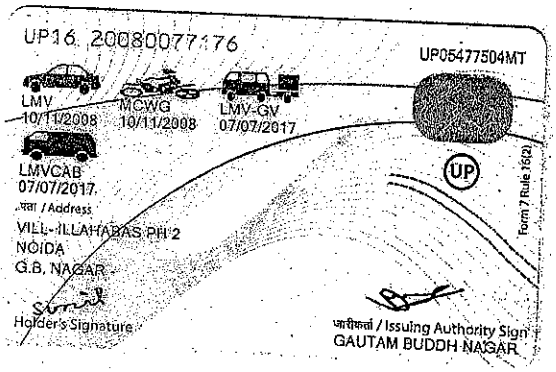
वैधता / Validity
06/07/2020
09/11/2028

जन्म तिथि
Date of Birth
05/02/1984

Blood Group
Unknown

नाम / Name
SUNIL KUMAR

पिता/पति का नाम / Son/Daughter/Wife of
SANT RAM


UP16 20080077176

UP05477504MT

LMV
10/11/2008

MCWG
10/11/2008

LMV-GV
07/07/2017

LMVCAB
07/07/2017

पता / Address
VILL-ILLAHABAS PH 2
NOIDA
G.B. NAGAR

Holder's Signature

UP

Form 7 Rule 16(2)

जारीकर्ता / Issuing Authority Sign
GAUTAM BUDDH NAGAR

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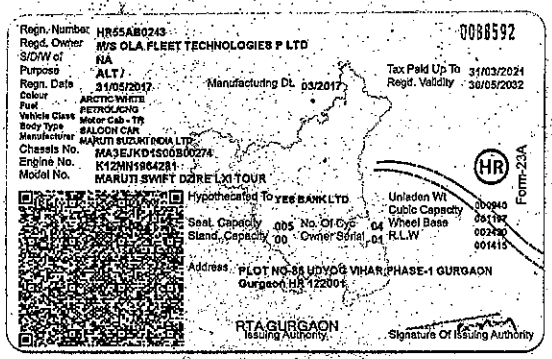
Annexure-D



Regn. Number HR55AB0243 0088592
Regd. Owner M/S OLA FLEET TECHNOLOGIES P LTD
S/D/W of NA
Purpose ALT/
Regn. Date 31/05/2017 Manufacturing Dt. 03/2017 Tax Paid Up To 31/03/2021
Colour ARCTIC WHITE Regd. Validity 30/05/2032
Fuel PETROL/CNG
Vehicle Class Motor Cab - TR
Body Type SALOON CAR
Manufacturer MARUTI SUZUKI INDIA LTD
Chassis No. MA3EJKD1S00B00274
Engine No. K12MN1864281
Model No. MARUTI SWIFT DZIRE LXI TOUR
Hypothecated To YES BANK LTD
Unladen Wt 000940
Cubic Capacity 001197
Seat. Capacity 005 No. Of Cyl 04 Wheel Base 002450
Stand. Capacity 00 Owner Serial 01 R.L.W 001415
Address PLOT NO-88 UDYOG VIHAR,PHASE-1 GURGAON Gurgaon HR 122001
RTA GURGAON Issuing Authority
Signature Of Issuing Authority
HR
Form-23A

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Annexure-D1

GOVERNMENT OF HARYANA

STATE TRANSPORT DEPARTMENT RTA, GURGAON

FORM 38

[See Rule 62(1)]

CERTIFICATE OF FITNESS

(Applicable in the case of transport vehicles only)

Vehicle No HR55AB0243 (Motor Cab) is certified as complying with the provisions of the Motor vehicles Act, 1988 and the rules made there under.

Certificate will expire on	: 16-May-2019		
Next Inspection Due Date	: 17-Apr-2019		
Inspection Fee Receipt No	: HR55R17050013162		
Receipt Date	: 15-May-2017		
Chassis No	: MA3EJKD1S00B00274		
Engine No	: K12MN1964281		
Seating Capacity	: 5 (Including Driver)		
Registration No	: HR55AB0243	Type of Body	: SALOON CAR
Manufacturing Year	: 2017	Category of Vehicle	: LPV
Inspected on	: 17-May-2017	Inspected by	: MVI
Printed on	: 02-Jun-2017 19:48:46		

Motor Vehicle Inspector
Gurgaon (Haryana)

Signature and Designation
of Issuing Authority
RTA, GURGAON

23 Annexure-D2

IN RESPECT OF ALL INDIA TOURIST PERMIT (ALL INDIA PERMIT-LPV)

RTA, GURGAON TRANSPORT AUTHORITY, HARYANA

1. Permit No	HR/55/AITP/LPV/2017/1398
2. Name Of The Permit Holder	M/S OLA FLEET TECHNOLOGIES P LTD
3. Father's/Husband's Name (in case of Individual)	NA
4. Permanent Address	PLOT NO-86,UDYOG VIHAR,PHASE-1,GURGAON, HARYANA,Gurgaon - 122001.
5. Registration Details	
(i) Type of Vehicle :	Motor Cab
(ii) Registration Mark :	HR55AB0243
(iii) Date of Registration	31-MAY-2017
(iv) Seating Capacity :	5
(v) Chassis Number	MA3EJKD1S00B00274
(vi) Make/Model	MARUTI SWIFT DZIRE LXI TOUR
(vii) Standing Capacity	0
(viii) Sleeper Capacity	0
(ix) Name of Financier,if any,with whom the Vehicle is under Hire Purchase aggrement	YES BANK LTD
6. Validity of the Permit	From: 11-JUN-2017 To: 10-JUN-2022
7. Area for which Permit is valid:	To pay on all roads except those prohibited (All Over India)
8. Place Where the Vehicle will be kept	NA
9. Authorization Details	
(I). Authorization No.	NEW
(II). Authorization Validity	From: 31-MAY-2017 To: 30-MAY-2018

Conditions other than specified in item(1) to (8) above and those under section 84 and sub-section 2(1) of section 88 of the Motor Vehicle Act 1988.

Secretary
State/Regional Transport Authority
Haryana

Date: 15-JUN-2017

Note: Vehicles more than 166\" Wheel Base, ... width .....are not allowed on hill routes of Uttarakhand

24 Annexure-D2

TRANSPORT DEPARTMENT,HARYANA

[RTA, GURGAON]

[See Rule 83(2) of CMVR-1989]

AUTHORIZATION FOR PERMIT(TOURIST/GOODS)

1. Authorization No	NEW
2. Name Of The Permit Holder	M/S OLA FLEET TECHNOLOGIES P LTD
3. Address	PLOT NO-86 UDYOG VIHAR,PHASE-1 GURGAON, Haryana Gurgaon-122001
4. Registration Mark of the Vehicle	HR55AB0243
5. Maker/Model/Year of Manufacturer	MARUTI SUZUKI INDIA LTD/MARUTI SWIFT DZIRE LXI TOUR/2017
6. Date of Registration	31-MAY-2017
7. Chassis Number	MA3EJKD1S00B00274
8. Engine Number	K12MN1964281
9. Type of Vehicle :	Motor Cab
10. GVM(in Kgs)	1415
11. Unladen Weight(in Kgs)	940
12. Seating Capacity	5
13. Date of Expiry of the Permit	10-JUN-2022

The Authorization is valid throughout the Territory of India/ in the State(s) of

1..... 2.....

3..... 4.....

5..... 6.....

7..... 8.....

9..... 10.....

Validity of this Authorization From: 31-MAY-2017 To: 30-MAY-2018

Secretary

Regional Authority

Secretary,State Transport Authority

RTA, GURGAON 30/6/17

Haryana

Date: 15-JUN-2017

Relationship Beyond Insurance

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Annexure-E

Bajaj Allianz General Insurance Company Ltd.

GE Plaza, Airport Road, Yerwada, Pune - 411006(India)

CERTIFICATE CUM POLICY SCHEDULE

Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc; Golden Heights,4th Floor,, No.1 / 2, 59th C Cross,, 4th M Block,Rajajinagar, , BANGALORE-560010 Phone No :080-67195000

Policy Number	OG-19-1701-1803-00004821	**Product**	Commercial Vehicle - Package Policy
Vehicle Type	Passenger Carrying - 4 Wheel & Carrying Capacity <= 6		
Period Of Insurance	From: 10-May-2018 00:00	**Policy issued on**	09-May-2018 -
	To: 09-May-2019 Midnight	**Cover Note No**	/
Application No		**Scrutiny No**	87102957
Insured Name	OLA FLEET TECHNOLOGIES PVT LTD	**Zone**	A
Insured Address	Ola Fleet Technologies Pvt. Ltd, 86, Phase1, Udyog Vihar, Gurgaon,East, Haryana, Gurgaon, , ,, - 122015		
Customer ID	95739978	**Premium Payer ID**	82566793
		Transaction Id	
HYPOTHECATED WITH : YES BANK		**Policy Status**	ISSUED
GSTIN / UIN	06AAKCA2311H1Z4	**STATE CODE / NAME**	06 - Haryana

Registration No.	Make	SubType	Model	CC	Mfg year	Seat Cap	Vehicle/Trailer Chassis No	Engine Number
HR55AB0243	MARUTI	LXI	SWIFT DZIRE	1298	2017	4	MA3EJKD1S00B00274	K12MN1964281

Vehicle IDV	Elec Acc	Non Elec Acc	Trailer	Trailer Reg No	CNG/LPG Unit	Total Sum Insured
414651	0	0			31106	445757

SCHEDULE OF PREMIUM

OWN DAMAGE		LIABILITY	
Total Own Damage Premium:	4103	Basic Third Party Liability	10667
		CNG / LPG Unit (IMT.25)	60
		LL For Operation/Maintenance For 1 Person	50
		PA cover for 1 Paid Driver(s) of Rs.200000 each	120
		Total Liability Premium:	10897
Total premium	15000		
Special Discount	0		
Net Premium	20226		
Integrated GST (18%)	3641		
Final Premium Rs.	23867	***All premium Figures are in Rupees	

Geographical Area : INDIA **No Claim Bonus :** -20% **Voluntary Excess :** Nil

Compulsory Deductible : Rs.500 **Additional Compulsory Deductible :** Rs.0

Previous Insurer - Bajaj Allianz General Insurance Co Ltd.Previous Policy No -OG-18-1701-1803-00003800

Expiry On - 09-MAY-18

The above Total OD Premium is inclusive of all applicable Loading/Discounts viz (Automobile Association Membership,Voluntary Excess,Anti-Theft,Handicap Person,Driver Tution,Fibre Glass,Cng/Lpg Unit,Geographical Extn,Imported Vehicle etc wherever applicable)

LIMITS OF LIABILITY: Under Section II-1(i) of the policy -> Death of or bodily injury : Such amount as is necessary to meet there 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 Subsection 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.Use whilst drawing a trailer except the towing (other than for reward) of any one disabled Mechanically propelled vehicle.

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 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 : 22, 7,25, 28, 17, 35, & Policy wordings attached herewith

Plan Name: Dep Cap Eng Prot 24x7 Consumables Key **Plan Description: Depreciation Shield CONSUMABLE EXPENSES ,Engine Protector,Key and Lock Replacement, Cover Sum Insured 7500 ,Towing cover with maximum SI Rs.2500, subject to maximum per Kilometer cost Rs 25 and maximum 100KMs limit.**

Broker Code 10004020 **Channel Name : BR**

Broker Name : Global Insurance Brokers Private Ltd

Contact No : 0/0

Email -

Endorsement issued on this Policy are: OG-18-1701-1803-00003800-EN02

Damage Details as per Annexure I

Premium Collection Details :- [Receipt No/Collection No/Amount] 1701-01668366 / 87102957 / Rs. 23867 ,

*** 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

Remarks PDA MODULE

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 'customercare@bajajallianz.co.in'.

87102957/-/10004020/40201000/-

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.com) 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.

Kindly contact our nearest Branch office(s) for No Claim Bonus Confirmation.

For & On Behalf of Bajaj Allianz General Insurance Company Ltd.

Stamp Duty Rs. 0.25

BAJAJ Allianz

Relationship Beyond Insurance

87102957

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Authorized Signatory

Printed , Signed and Executed at Pune

Consolidated Stamp Duty of Rs.0.25/- paid towards Insurance Stamps vide Challan No. MH012474147201718M Defaced No. 0006825599201718 dated 28-MAR-18 timing 17:26:07 of General Stamp Office,Mumbai,India.

Generated by p raghendra

Annexure-F

(27)

Ref. FHPL/EMR/MLR-16/ 6

Felix Healthcare
Your care, Our passion

Felix Hospital

NH-01, Sector-137, Noida
24*7 Health Line No. - 7835999444/555
Visit us: www.felixhospital.com

MEDICAL-RECORD SECTION
M.L.C. FORM

M.L.C. No: 598

Name: Mr. Karuna Pant S/W/D/O Mr. Anjani Kumar Tripathi 28y M Male Phone No. 9582941860

Residence: Logix Blossom Tirpam Green Sec 144 Noida Occupation: Private Job Caste/Religion: Hindu

Brought By: Mr. Gaurav Malhotra Phone No. 9582941860 Address: Paschim Vihar New Delhi

Date & Time of Arrival: 27/8/18 10:45 PM

Date & Time of Examination: 27/8/18 10:45 PM

IPD No.: 18-19-1762

If Admitted — Date & Time of Admission: 28/8/18 12:55 AM

Date & Time of Discharge:

BRIEF ALLEGED AND EXAMINATION :-

Alleged H/O: RTA polytrauma c̄ head Rom

H/O Seizure: NO

H/O Loss of Consciousness: NO Rt. leg & Rt. Humerus

ENT Bleed: NO

H/O Vomiting:

Comments

Pulse: 126 B.P: 110/70 RR: 24 SPO2: 97% GCS: E3 V5 M3 Total Score: Pupils: (R) (L)

Investigations: CBC / BT / RFT / viral markers X-Ray: NCCT head, NCCT Pelvis

Treatment: Inj. Dynapar / Inj. T.T. Inj. Pan — X-ray Rt. humerus, X-ray pelvis, Cold ...

PARTICULARS OF INJURY OR SYMPTOMS :-

Visible injuries On Patient :-

Lacerated wound Rt. Humerus c̄
Multiple Abrasion wound.

Mark of Identification

1. Mole left side of chest
2.

Patient Thumb Impression

(Left- Male / Right- Female)

OPINION	Nature of Injury (Simple. Grievous or Dangerous)	Kind of Weapon Used (Sharp. Blunt. Fire etc.)

Name of Doctor .... Designation .... MCI No ....

Address .... Signature with Date:- ....

Date/दिनांक: 30/8/18 at 3:55 pm
शव विच्छेदन आख्या संख्या / Post-Mortem Examination Report No. 904/18.

शव विच्छेदन आख्या प्रपत्र (Post-Mortem Examination Report Form)
जनपद गौतम बुद्ध नगर (Dist.- Gautam Budh Nagar)

1 (i) मृतक का नाम (पंचायतनामा या पुलिस प्रपत्र के अनुसार): Karunepati Tripathy. S/o Angahi Kumar Tripathy
(ii) पुत्र / पुत्री / पत्नी
(iii) पता
(iv) उम्र (लगभग) वर्ष में: 28 yrs / male.
(v) लिंग पुरुष / महिला / अन्य
(vi) शव लाने वाले एवं पहचान कराने वाले पुलिस कर्मी का नाम एवं पद: R/o Suhaja, P/S Rani Ganj Dist. Pratap Garh,
(vii) पहचान / चिन्ह जाने वाले (व्यक्तियों) / अधिकारी का नाम एवं पता: P/Add - M002 logix blossom green, Sect-143 Noida, G.B. Nagar
अस्पताल से प्राप्त शवों के प्रकरण में (अस्पताल के अभिलेखों के अनुसार विवरण) अस्पताल में भर्ती होने का दिनांक एवं समय अस्पताल को केन्द्रीय पंजीकरण संख्या तथा उपचार तालिका
(2) निरीक्षण का पुलिस दल
(i) कांस्टेबल (एच.) : CP-2281 Lalit Kumar
(ii) वजन (किलोग्राम)
(iii) शारीरिक बनावट (स्वस्थ / मध्यम / मोटी / क्षीण काया): CP-2374 Rohit Kumar
(iv) पहचान के चिन्ह: S/I, Suraj pin, G.B. NAGAR.
(3) शव पुष्ट पर अंगुलियों के निशान लेकर चिकित्सा अधिकारी के द्वारा संलग्न
(4) यदि कोई चोटों का विवरण – महत्वपूर्ण आकृति / लक्षण
(5) शव में मृत्यु पश्चात परिवर्तन (Post mortem Changes): RMT all over body
(i) अवलोकन के अनुसार स्थिति (As seen during Inquest): AMI - present
(ii) मृत्यु पश्चात अकड़न की उपस्थिति
(iii) विघटन के हुए एवं अन्य परिवर्तन: Eye closed & pale.
(iv) शव विच्छेदन परीक्षण के समय: Teeth 16/16.
(v) बाह्य सामान्य दिखावट (External General Appearance)
(vi) नेत्रों, मुख, जीभ तथा नाखूनों की दशा
(vii) प्राकृतिक द्वार (Natural Orifices)

(viii) आन्तरिक परीक्षण शिर (Head): WNL.
(ix) कपालावरण (Scalp)
(x) करोटि (Skull): NAD
(xi) झिल्लियाँ, झिल्लियों के मध्य रिक्त स्थान तथा मस्तिष्क की रक्तवाहिनी: NAD.
(xii) मस्तिष्क (Brain) की दशा एवं वजन (ग्राम): Pale.
(xiii) कोटर नासिका तथा कर्णगुहा (Orbital Nasal and Aural Cavities Findings): NAD.
(6) ग्रीवा (Neck)
मुख जीभ तथा ग्रसनी (Mouth, Tongue and Pharynx): – NAD
कण्ठनली व स्वर ग्रंथि (Larynx and Vocal cords): – Congested.
ग्रीवा के आन्तरिक ऊतकों की स्थिति
श्वासनली–कण्ठ अस्थियों की स्थिति (Trachea-Hyoid Bone): – Intact.
छाती (Chest)
पसलियां तथा भित्तियां (Ribs and Chest wall): – NAD
श्वासनली तथा श्वसनी (Trachea and Bronchial Tree)
फुफ्फुसावरण गुहा (Pleural Cavities) फेफड़ों की स्थिति (Lung Findings) तथा वजन (ग्राम): – Congested, edematous
फेफड़ा तथा परिकार्डियम (Pericardium and Pericardial Sac.): – NAD
हृदय स्थिति तथा वजन (Heart findings and Wt.): – (L) Chamber full of clotts (R) Chamber full of blood
बड़ी रक्तवाहिनियां (Large Blood Vessels)
(8) उदर (Abdomen)
उदरभित्ति की दशा (Condition of abdominal wall): Stitched wound +
उदरावरण और उदरगुहा (Peritoneum and Peritoneal cavity): Inflamed Haemedomy +
आमाशय (भित्ति की दशा, अन्तर्वस्तुएं एवं गंध) (Stomach (wall condition contents and smell)): Mucosa – WNL.

छोटी आंत मेसेन्ट्रिक वाहिनी सहित (Large intestines and mesenteric vessels): Operated colostomy done (R) side abdo.
यकृत पित्ताशय सहित (Liver including Gall Bladder) प्लीहा (Spleen) (Pancreas) गुर्दे (Kidney findings): – Congested, – NAD
मूत्राशय और मूत्र वाहिनी (Urinary Bladder and Urethra): – NAD
वस्तिगुहा के ऊतक (Pelvic Cavity Tissues): – NAD
वस्तिप्रदेश की अस्थियां (Pelvic Bones)
जननांग (Genital Organs): – NAD
(9) रीढ़ का हड्डा तथा मेरुरज्जु (Spinal Column and Spinal Cord) (To be opened where indicated): – Not operated.
(10) जहां संभव हो अमाशय की अन्तर्वस्तुओं से निकाला गया, मृत्यु का अनुमानित समय तथा अंतिम भोजन का विस्तृत विवरण
(11) मृत्यु का संभावित समय (Time since death): – 2/3 of a day.
(i) मृत्यु का कारण और प्रकार (Cause and manner of Death): Shock.
(ii) तात्कालिक कारण (Immediate Cause): Shock.
(iii) कारण से (Due to)
(iv) चोटों में कौन सी चोट मृत्यु पूर्व / मृत्यु पश्चात की है: Death as a result of Antemortem injury Hypovolemia which leads to cardiac arrest.

(v) चोटों के कारित होने की विधि क्या स्वयं कारित की गयी है हां / ना: NA
(vi) क्या चोटें (एकल या सामूहिक) मृत्यु कारित करने के लिए पर्याप्त हैं: Yes.
(vii) स्रावों के प्रारम्भ होने का संभावित समय (केवल विष के प्रकरण में)
(viii) कोई अन्य (Any Other) नमूना एकत्र किया और अग्रसारित किया (कृपया सही का निशान लगायें) (SPECIMENS COLLECTED AND HANDED OVER) (Please Tick)
(ix) विसरा (अमाशय अन्तर्वस्तु सहित, छोटी आंत अन्तर्वस्तु सहित, यकृत का नमूना, गुर्दे (प्रत्येक का आधा), प्लीहा, पट्टी के टुकड़े में रक्त का नमूना (सूखा) कोई अन्य विसरा, उपयोग में लाया गया प्रिजरवेटिव): NA
(x) वस्त्र
(xi) फोटोग्राफ (विस्तार मृत्यु के प्रकरण में वीडियो कैसेट, फिंगरप्रिंट इत्यादि)
(xii) बाह्य पदार्थ (जैसे बुलेट, छर्रा इत्यादि)
(xiii) विष के प्रकरण में प्रिजरवेटिव का नमूना
(xiv) अज्ञात शवों के प्रकरण में डी.एन.ए. निदान हेतु नमूना
(xv) अज्ञात शवों के प्रकरण में दोनों नमूना एकत्र करें।
(xvi) अन्वेषण प्रपत्र (कुल संख्या का उल्लेख करते हुये प्रत्येक को हस्ताक्षरित करें) (Inquest papers) (Mention Total Number and Initial them): Nine
(xvii) योनि, वीर्य या किसी अन्य पदार्थ से बनी स्लाइड (डी.एन.ए. मिलान हेतु) ... police papers.
(xviii) शव विच्छेदन परीक्षण आख्या की मूल प्रति (Post-mortem report in original): 904/18
सील बन्द संख्या
पुलिस आरक्षी को जिनके हस्ताक्षर यहां है

ख बाह्य चोटें (सभी चोट की लम्बाईXचौड़ाईX गहराई आकार तथा प्रकार एवं महत्वपूर्ण शारीरिक चिन्हों से सम्बन्ध / दूरी का उल्लेख करें) सभी चोटों का फोटोग्राफ, अलग–अलग संख्या सहित तथा गर्दन पर फंदे के निशान की दोनों कान के निचले हिस्से से दूरी तथा ठुड्डी से दूरी स्केल के द्वारा नापते हुए फोटोग्राफ लें, फन्दे के निशान नापने से पूर्व हुए नाप का भी फोटोग्राफ

AMI (1) Multiple Abrasion all over (R) Arm & forearm. Fracture of (R) SOH.
(2) Stitched wound 15 cm long over abdomen.
(3) Operated wound 3x3 cm over (R) side abdomen & 7 cm below & outer part of umbilical.
(4) M. Abrasion 11x4 cm (R) knee & leg.
(5) Abrasion 4x3 cm (L) knee joint
(6) Abrasion 4x2 cm (L) leg.

i) चोटों का उल्लेख हू संख्या सहित तथा संलग्न रेखा चित्र में दर्शायें।
ii) भोंके हुए घाव (Stab injures) में कोण किनारा और शरीर के अन्दर की दशा
(iii) सभी चोटों के अन्दर के कोण जैसे रक्त वाहिनियां, तंत्रिकायें तथा धमनियों के क्षतिग्रस्त होने का उल्लेख अवश्य किया जायेगा।
iv) आग्नेयास्त्र की चोटों में गोली भीतर जाने तथा बाहर निकलने के घाव में सामान्यतया तथा शरीर में गोली के रास्ते (Channel) एवं दिशा के संबंध में अवश्य लिखें, तथा पहले रेडियोग्राफ लें फिर खोलें।

Medical officer
Distt Mortuary
Noida (G.B. Nagar) U.P.

डा० मो० शर्फे जेया
Dr. MD. SHARFE JAYA (MO/C Makora)
वरिष्ठ चिकित्सा अधिकारी
Senior Medical Officer
गौ० बुध नगर, उ० प्र०
Gautam Budh Nagar, U.P.

30/8/18
हस्ताक्षर चिकित्सा अधिकारी का नाम
Medical officer
Distt Mortuary
(G.B. Nagar) U.P.
पदनाम मुहर

Annex G
28

29
Annexure-H
2676

सं. 1
No. 1

उत्तर प्रदेश सरकार
GOVERNMENT OF UTTAR PRADESH
चिकित्सा एवं स्वास्थ्य विभाग
DEPARTMENT OF MEDICAL AND HEALTH
नगर स्वास्थ्य अधिकारी कार्यालय, मुख्य चिकित्सा अधिकारी नोएडा, जी. बी. नगर
NAGAR SWASTHYA ADHIKARI KARYALAYA, MUKHYA CHIKITSA ADHIKARI
NOIDA, G.B. NAGAR

प्रपत्र-6
FORM-6

मृत्यु प्रमाण-पत्र
DEATH CERTIFICATE

(जन्म मृत्यु रजिस्ट्रीकरण अधिनियम , 1969 की धारा 12 / 17 तथा उत्तर प्रदेश जन्म मृत्यु रजिस्ट्रीकरण नियम, 2002 के नियम 8/13 के अंतर्गत जारी किया गया)

(ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS & DEATHS ACT, 1969 AND RULE 8/13 OF THE UTTAR PRADESH REGISTRATION OF BIRTHS & DEATHS RULES 2002.)

यह प्रमाणित किया जाता है निम्नलिखित सूचना मृत्यु के मूल अभिलेख से ली गई है जो कि नगर स्वास्थ्य अधिकारी कार्यालय, मुख्य चिकित्सा अधिकारी नोएडा, जी. बी. नगर तहसील दादरी जिला गौतम बुद्ध नगर राज्य/संघ प्रदेश उत्तर प्रदेश,भारत के रजिस्टर में उल्लिखित है ।
THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF DEATH WHICH IS THE REGISTER FOR NAGAR SWASTHYA ADHIKARI KARYALAYA, MUKHYA CHIKITSA ADHIKARI NOIDA, G.B. NAGAR OF TAHSIL/BLOCK DADRI OF DISTRICT GAUTAM BUDDHA NAGAR OF STATE/UNION TERRITORY UTTAR PRADESH, INDIA.

मृतक का नाम / NAME OF DECEASED : KARUNA PATI TRIPATHI

लिंग / SEX: पुरुष / MALE

मृत्यु की तिथि / DATE OF DEATH:
30-08-2018
THIRTIETH-AUGUST-TWO THOUSAND EIGHTEEN

मृत्यु का स्थान / PLACE OF DEATH:
JAYPEE HOSPITAL SECTOR-128 NOIDA

पति / पत्नी का नाम / NAME OF HUSBAND / WIFE:

मृतक की उम्र / AGE OF DECEASED:
27 YEARS

आधार नंबर / HUSBAND/WIFE AADHAAR NO. :

माता का नाम / NAME OF MOTHER:
ARUNA TRIPATHI

पिता का नाम / NAME OF FATHER :
ANJANI KUMAR TRIPATHI

आधार नंबर / MOTHER'S AADHAAR NO. :

आधार नंबर / FATHER'S AADHAAR NO. :

मृत्यु के समय मृतक का पता / ADDRESS OF THE DECEASED AT THE TIME OF DEATH :

C -14 , CHHATAR , PUR ENCLAVE PHASE - 2,
DMC (U) (PART), CITY ZONE, CITY ZONE,
NCT OF DELHI

मृतक का स्थायी पता / PERMANENT ADDRESS OF DECEASED :

VILLAGE /POST SUJAHA, (ANTARI) PS RANI GANJ ,
PRATAPGARH, PRATAPGARH, PRATAPGARH,
UTTAR PRADESH

पंजीकरण संख्या / REGISTRATION NO:
D-2018: 9-56044-003605

पंजीकरण तारीख / DATE OF REGISTRATION:
05-09-2018

टिप्पणी / REMARKS (IF ANY):

जारी करने की तिथि / DATE OF ISSUE:
08-10-2018

जारी करने वाला प्राधिकारी / ISSUING AUTHORITY

रजिस्ट्रार (जन्म एवं मृत्यु)
REGISTRAR (BIRTH & DEATH)
नगर स्वास्थ्य अधिकारी कार्यालय, मुख्य चिकित्सा अधिकारी नोएडा, जी. बी. नगर
NAGAR SWASTHYA ADHIKARI KARYALAYA, MUKHYA CHIKITSA ADHIKARI NOIDA, G.B. NAGAR

Registrar
Birth & Death Registration
NOIDA (Gautam Budh Nagar)

UPDATED ON :
05-09-2018 00:00:00

Checked by
K. K. Bhaskar
A.R.O

"THIS IS A COMPUTER GENERATED CERTIFICATE. "
THE GOVT. OF INDIA VIDE CIRCULAR NO. 1/12/2014-VS(CRS) DATED 27-JULY-2015 HAS
APPROVED THIS CERTIFICATE AS A VALID LEGAL DOUCMENT FOR ALL OFFICIAL PURPOSES.
" प्रत्येक जन्म एवं मृत्यु का पंजीकरण सुनिश्चित करें" / ENSURE REGISTRATION OF EVERY BIRTH AND DEATH"

30
Annexure-I

102756

CENTRAL BOARD OF SECONDARY EDUCATION

MARKS STATEMENT

ALL INDIA SENIOR SCHOOL EXAMINATION 2006

KARUNAPATI TRIPATHI

ARUNA TRIPATHI

ANJANI KUMAR TRIPATHI

17TH MARCH NINETEEN HUNDRED NINETY

07313 ARMY SCHOOL G R C JABALPUR M P

1145146

		MARKS OBTAINED				
		थ्योरी THEORY	प्रैक्टिकल PRACTICAL	कुल TOTAL	कुल शब्दों में TOTAL IN WORDS	GRADE POINT GRADE
101	ENGLISH COMM.	068	XXX	068	SIXTY EIGHT	B2
085	HINDI COURSE-B	056	XXX	056	FIFTY SIX	C2
041	MATHEMATICS	056	XXX	056	FIFTY SIX	C1
086	SCIENCE & TECH.	044	022	066	SIXTY EIGHT	B2
087	SOCIAL SCIENCE	052	016	068	SIXTY EIGHT	C1

Result

PASS

27-05-2006

Controller of Examinations

14193150

31

DR. RAM MANOHAR LOHIA AVADH UNIVERSITY
FAIZABAD (U.P.)

Annexure-I

K12147163

CATEGORY REGULAR

STATEMENT OF MARKS 2014

OM BUDESHWARNATH R.S.B.S. MAHAVIDHYALAYA TINA CHITARI, LALGANJ, PRATAPGARH

KARUNAPATI TRIPATHI FATHER/HUSBAND'S NAME ANJANI KUMAR TRIPATHI

141750040108 EXAMINATION/CLASS B.A. (PART III)

SUBJECT	MAX MARKS	MIN MARKS	MARKS OBTAINED I PAPER 1st	II PAPER 2nd	III PAPER 3rd	IV PAPER 4th	TOTAL MARKS	PRACTICAL MARKS	TOTAL (WRITTEN & PRACTICAL MARKS	REMARKS
ENGLISH	300	99	34	46	36		116		116	
POLITICAL SCIENCE	300	99	52	50	70		172		172	
TOTAL	600	198							288	
ENVIRONMENTAL STUDIES	100	33	54	PASSED CREDIT MARKS 3						

TOTAL (IN WORDS)

	FIRST	SECOND	FINAL	GRAND TOTAL	RESULT / DIVISION
		1200	600	812/1800	PASSED SECOND DIVISION
		524	288		

GRAND TOTAL (IN WORDS) Eight Hundred Twelve

CHECKED BY

1.

2.

23 AUG 2014
FAIZABAD Date

Controller of Exams

32
Annexure-I2

EXL
look deeper.sm

PRIVATE & CONFIDENTIAL

To,
Mr. Karunapati Tripathi

10-October-2017

Letter of Intent (LOI)

Dear Karunapati,

Subsequent to the interactions between EXL Service.com (I) Pvt Ltd. and you, we are pleased to issue a Letter of Intent on the terms set here in.

Terms:

1. You shall be appointed as **Assistant Manager-Operations at Band B1.**
2. You shall join the Company on **23rd October 2017.** In the event of you not joining on the said date, this offer shall be deemed revoked.
3. On your date of joining, you shall be issued a formal Employment Agreement.
4. The offer is subject to the accuracy of the testimonials and information provided by you and your being free from any contractual restrictions preventing you from accepting this offer or starting work on the above-mentioned date.
5. You shall be based at **Noida** but will serve the company or any of its subsidiaries or associated companies in any location within or outside of India.
6. Your Cost to company (CTC) shall be **Rs.5,80,000/- per annum.** This will be disbursed to you in accordance with the prevailing standard compensation plan of the Company, information on which will be provided to you upon joining the organization.
7. The offer is subject to a successful background, reference check and drug screening.
8. The offer is subject to the condition that you have not appeared for any interview with EXL in the past 90 days from today.

Kindly send us your acceptance to the offer.

Yours sincerely,
For **EXL Service.com (I) Pvt. Ltd.**

Authorized signatory

I accept the terms and conditions of this offer

EXL analytics

Name : Karunapati Tripathi	
Date of Hire	**23-October-2017**
Designation: Assistant Manager-Operations at Band B1	
Basic	2,03,000
Housing	1,01,500
Leave Travel	16,910
Medical	15,000
Ad-Hoc Allowance	1,75,866
Business Related Expenses	
Telephone Reimbursement	12,000
Vehicle Running and Maintenance	21,600
Retirals	
Provident Fund	24,360
Gratuity	9,764
CTC	**Rs.5,80,000**