MRD

129441

Form Received from Help Desk

STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvarkottam High Road, Chennai - 600 034.
Phone : 044 -28288800 Fax No. 044- 28306700/01 Website : www.starhealth.in
Toll free No. 1800 425 2255
Toll Free Fax. 1800 425 5522
Board No. 044 – 28263300

PRE-AUTHORISATION REQUEST FORM

PART - I (TO BE FILLED BY THE INSURED)

Policy No. 11205086293790 I.D No. SHI00097084 3
Name of the Patient PORNACHANDRA SASMAL Age 52 Yrs. Sex M F
Patient Tel. No. (Office) : Fax : Mobile No. : 9930449156 Res. No.
If Corporate, Name of the Employee PORNACHANDRA K.S Corporate Name PORNACHANDRA KANDHA SASMAL
Relation to the Proposer / Employee (In case of Corporate) Spouse Child Parent Siblings, please specify (others) :
Name of the Family Physician Tel. No Mobile No
Your Claim may be rejected, if these information's are not given.

PART - II (TO BE FILLED BY THE HOSPITAL) - ALL COLUMNS ARE COMPULSORY

A. Hospital and Treating Doctor details:
Name of Hospital / Nursing Home KOKILABEN DHIRUBHAI AMBANI Tel. No. 022-42696969
Address of Provider
Name of Treating Doctor DR ABHIJIT PAWAR Tel. No. 022-42696969 Mobile No. Regn. No. 2007/07/0656 Qualification MS ORTHO

B. Clinical Data
Presenting Complaints with exact duration RT. KNEE PAIN SINCE 3 MONTHS
Relevant Clinical Findings (Present illness) LEFT KNEE PAIN
General Examination: CVS ☐ RS ☐ GI ☐ CNS ☐ PA ☐ PR ☐ PV ☐ OTHERS ☐
C. MEDICAL HISTORY

Sl. No	Particulars	Yes/No	If yes, Since	If yes, remarks
1	Diabetes	NONE KNOWN		
2	Hypertension			
3	Heart Disease			
4	Br. Asthma			
5	COPD			
6	Osteo Arthritis			
7	Cancer			
8	Glaucoma / Cataract			
9	Any other Pre Existing Disease			
10	STD related Diseases			

H/O past illness relevant to present illness NONE
Whether present illness is a complication of any pre-existing disease/operation/past diseases ND
D. Any Evidence of Alcohol / Drug addiction & Intoxication ND
E. Positive findings of Investigation done MRI
F. Provisional Diagnosis L3 - L5 SEVERE STENOSIS
G. Plan of Treatment L3 - L5 MIS TLIF
In case of **R.T.A.** was the patient under the influence of Alcohol/Any other Drugs Yes No M.L.C. No. ND
(Please fax a copy of the M L C Report)
In case of **Maternity,** No of Live Children OBSTETRICALHISTORY LMP E.D.D
Probable duration of stay :Room ICU/REASON Total

(Attach Doctors First Prescription) Signature of Treating M.O with seal DR. ABHIJIT PAWAR QUALIFICATION MS ORTHO
H. Admission and Financial details:
Admission: Planned ☐ Emergency ☐ Date of Admission 05/11/24 Time of Admission Class of Accommodation
Cost Estimation Break-ups: Room rent Investigation Surgeon Fees Doctor Fees
Consumables/Implants Packages Approximate Total Exps. 495000
Whether Telephonic intimation given to Star Health Yes No If yes, Date Time

Signature of Billing Head Stamp of Hospital Date Time

PART - III (TO BE FILLED BY THE INSURED) - INSURED CONSENT / AUTHORISATION

I hereby declare that I am having Medical Insurance Policy since without any break from Insurance Company. My previous year Policy No. from period to issued by office.

Consent by the patient / insured / beneficiary:
I/we have NO OBJECTION to STAR officials visiting hospitals/nursing home to verify details of treatment/obtain copies of necessary documents from the hospital/nursing home. I/we have provided the information to the best of my knowledge. I/we agree to pay cost of hospitalization, if authorization given by STAR HEALTH ANDALLIED INSURANCE COMPANY LIMITED becomes null and void due to wrong and incorrect information regarding the duration of ailments and past history.
This consent is also final discharge for hospitalization part of the claim where it has effected the payment. I reserve the right to submit pre and post hospitalization or other claims separately as and when required and as per the policy terms and conditions.

Category of Surgery: SMA +

Kokilaben Dhirubhai Ambani Hospital
& Medical Research Institute
Four Bungalows, Andheri West, Mumbai-400053
MUMBAI

Signature of the Patient / Relative(s)
(Name of the Signatory / Relationship with the Patient)

Kokilaben Dhirubhai Ambani
hospital & medical research institute

Estimate for Admission

Surgery Name	
Surgery Class	Supramajor Plus B+

PATIENTS NAME -

Room days	4
ICU days	1

Particulars	Single Classic
Bed Charges	
Room	40000
ICU	12500
OT time Supramajor Plus B+	125000
Doctors Charges	
Routine Visit	14000
Surgeon Fees Supramajor Plus B+	200000
Asst.Surgeon Fees Major	50000
Anaesthetist Fees Supramajor Plus B+	70000
Laboratory	27500
Radiology	56000
Pharmacy / Consumables	100000
Implants	100000
Total	795000

The above mentioned estimate is approximate in nature.The pharmacy/consumables charges may vary as per the complexity of the surgery &

Patient /Relative signature

Authorised signature

Kokilaben Dhirubhai Ambani Hospital
& Medical Research Institute
Four Bungalows, Andheri West Mumbai-400053
MUMBAI

Star Health And Allied Insurance Company Limited

Date:-21-Apr-2024

IMPORTANT

To,

PURNACHANDRA KANDHA SASMAL
Premier Exotica 2 Flat No1006
Nr Don Bosco College, Premier Road
-
Mumbai City,Maharashtra-**400070**
Mobile : 9930449156

Dear Customer,

Re: Health Insurance Policy - 11250862937909

We are extremely thankful to you for your renewal instructions and payment of premium. We enclose the renewed policy based on our records. We would request you to kindly study the renewed policy carefully and revert to us if there is any discrepancy to enable us to attend to the same.

Kindly note that the above request is very important and if we do not hear anything from you within 15 days, we would presume that the policy issued by us is in order and the contract is concluded.

We would like to mention that we have incorporated the name of the intermediary as indicated by you.

We wish you good health and we look forward to serve you in the days to come.

With kind regards,

Authorised Signatory

In case of a need for hospitalization, kindly prefer our network hospital (list is available in our website) for a quick response to your claim request.

Please select the room as per your eligibility stipulated in your policy to avoid additional payment from your pocket towards the proportionate increase which would invariably be charged by the hospital for the higher room category occupied.

Sum Insured of this Policy is meant for utilization till its expiry.Bearing this aspect in mind,we have no doubt,you will choose appropriate hospital,room rent and treatment charges etc.

Should you need any assistance, our customer care will be delighted to assist you ,whose toll free no. is 1800-425-2255/1800-102-4477.

However,the ultimate decision will be that of yours only.

This is an electronically generated document(Policy Schedule). CONSOLIDATED STAMP DUTY FOR POLICY STAMPS PAID VIDE NO. LOA/CSD/667/2023/1172 DT. 28/MAR/2023

Regd.&Corporate Office:1,New Tank Street,Valluvar Kottam High Road,Nungambakkam,Chennai - 600034,Phone : 044 -28302700, 28288800
Toll Free No:1800-425-2255 / 1800-102-4477 CIN:U66010TN2006PLC060649 Email :support@starhealth.in Website :www.starhealth.in

R Margabandhu

Star Health And Allied Insurance Company Limited

Family Health Optima Insurance Plan
Unique Identification No. SHAHLIP23164V072223
POLICY SCHEDULE

Policy No.	: **11250862937909**	**Previous Policy No**	: **P/171116/01/2024/000718**
Customer Code	: 11228311	GSTIN	: 27AAJCS4517L1ZY
Customer Name	: PURNACHANDRA KANDHA SASMAL	SAC Code	: 997133 / Accident and Health Insurance Services
Cust CKYC No	: -		
Proposer Code	: 11228311	Issuing Office Code	: 171116
Proposer Name	: PURNACHANDRA KANDHA SASMAL	Issuing Office Name	: Branch Office - Ghatkopar
Proposer Address	: Premier Exotica 2 Flat No1006 Nr Don Bosco College, Premier Road - Mumbai City Maharashtra 400070	Issuing Office Address	: 610, 6th Floor, Neelyog Square, Patel Chowk, Station road Ghatkopar East, Mumbai City Maharashtra 400077
Phone No	: 9930449156	Phone No	: 022-42267000
E-mail Id	: snehaenmanpower@gmail.com	E-mail Id	: ghatkopar.mumbai@starhealth.in
Proposer GSTIN	: NO	Place of Supply	: Maharashtra
Proposal date	: 17-Apr-2019	Fulfiller Code	: SH5866
Date of Inception of first policy	: 22-Apr-2015		
Policy Category	: Ninth Year	**Intermediary Code**	**: BA0000038002**
Collection No	: 171116/RV/2025/0123233487	**Name**	**: SUBALRAJ C POOVANI**
Collection Date	: 21-Apr-2024	**Phone No**	**: 9869009439/9869009439**
Premium	: Rs. 57,642/-	**E-mail Id**	**: scpoovani@gmail.com**
CGST @ 9%	: Rs. 5,188/-		
SGST @ 9%	: Rs. 5,188/-		
Total Premium	: Rs. 68,018/-		
Stamp Duty	: Re. 1/-		

Total Premium In Words : Rupees Sixty Eight thousand eighteen only

PERIOD OF INSURANCE : From : 22-Apr-2024 00:00 To : Midnight Of 21-Apr-2025 Policy Term : 1 Year

Installment Facility Option: No Premium Payment Frequency : Annual Installment Amount Rs. : 0/-

Scheme Description (Family Size) : 2A+2C	**Basic Floater Sum Insured : Rs. 20,00,000/-**

Bonus : Rs. 5,50,000/- Limit of Coverage : Rs. 25,50,000/- Recharge Benefit : Rs. 1,50,000/-

Entered by : CUSTPORTAL
Approved by : PORTAL
IRDAI Regn.No.129

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For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Corporate Identity Number L66010TN2005PLC056649
Email ID: info@starhealth.in

Regd.&Corporate Office:1,New Tank Street,Valluvar Kottam High Road,Nungambakkam,Chennai - 600034,Phone : 044 -28302700 / 28288800
Toll Free No:1800-425-2255 / 1800-102-4477 CIN : L66010TN2005PLC056649 Email :support@starhealth.in Website :www.starhealth.in
IRDAI Regn.no: 129

Star Health And Allied Insurance Company Limited

Attached to and forming part of Policy No: 11250862937909

Details of Insured Persons :

Sl. no.	Name of the Insured	Gender	Date of Birth	Age in Yrs	Relationship with Proposer	ID Card No	Inception date
1	PURNACHANDRA KANDHA SASMAL	Male	16-Jan-1972	52	Self	11228311-1	22-Apr-2015
Pre Existing Disease :	No PED Declared						
2	JHILI PURNACHANDRA SASMAL	Female	05-Jul-1983	40	Spouse	11228311-2	22-Apr-2015
Pre Existing Disease :	All complications directly or indirectly related to PREVIOUS INJURIES						
3	SNEHA PURNACHANDRA SASMAL	Female	30-Nov-2003	20	Daughter	11228311-3	22-Apr-2015
Pre Existing Disease :	No PED Declared						
4	SHAHIL PURNACHANDRA SASMAL	Male	12-Jun-2008	15	Son	11228311-4	22-Apr-2015
Pre Existing Disease :	No PED Declared						

Nominee Details:

Nominee Details for the Proposer					Appointee Details		
S.No	Name	Relationship with proposer	Age	% of the claim	Appointee Name	Appointee Age	Relationship with nominee
1	JHILI PURNACHANDRA SASMAL	Spouse	40	100			

Sector Classification:

Rural Social		

"CONSOLIDATED STAMP DUTY FOR POLICY STAMPS PAID VIDE NO. LOA/CSD/667/2023/1172 DT. 28/MAR/2023"

Please check whether the details given by you about the insured persons in the proposal form are incorporated correctly in the policy schedule. If you find any discrepancy, please inform us within 15 days from the date of receipt of the policy, failing which the details relating to the insured person given in the policy schedule are deemed to have been accepted by you.

Warranted that in case of dishonor of premium cheque(s), the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

THE INSURANCE UNDER THIS POLICY IS SUBJECT TO CONDITIONS, CLAUSES, WARRANTIES, EXCLUSIONS ETC., ATTACHED.

Important

In the event of hospitalization of insured person, intimation should be given to the Company immediately, however, within 24 hrs from the time of admission.

Toll Free No : 1800 425 2255 / 1800 102 4477 Email: support@starhealth.in, Fax No: 1800 425 5522.

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Branch Office - Ghatkopar on 21st Day of April 2024.

Entered by : CUSTPORTAL
Approved by : PORTAL

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For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

Regd.&Corporate Office:1,New Tank Street,Valluvar Kottam High Road,Nungambakkam,Chennai - 600034,Phone : 044 -28302700,/ 28288800
Toll Free No:1800-425-2255 / 1800-102-4477,CIN : L66010TN2005PLC056649 Email :support@starhealth.in Website :www.starhealth.in,
IRDAI Regn.no: 129

Star Health And Allied Insurance Company Limited

As per Section 34 of CGST Act of 2017, Policy Issued in one Financial Year and Cancelled in another Financial Year on or after 01st of December, then Only Premium Amount will be Refunded to the Customer and GST Amount will Not be Refunded. Customer has to Claim the Refund of GST Amount from the GST Portal.

Entered by : CUSTPORTAL
Approved by : PORTAL

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For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

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Toll Free No:1800-425-2255 / 1800-102-4477,CIN : L66010TN2005PLC056649 Email :support@starhealth.in Website :www.starhealth.in
IRDAI Regn.no: 129

Star Health And Allied Insurance Company Limited

Hospitalisation Benefit Policy

Premium Certificate for the purpose of deduction under Section 80 D of Income Tax (Amendment) Act,1986

Policy No : 11250862937909

Type of Policy : Family Health Optima Insurance - 2022

Issue Office : 171116-Branch Office - Ghatkopar

Address : 610, 6th Floor, Neelyog Square, Patel Chowk, Station road Ghatkopar East, Mumbai City Maharashtra 400077

Tel / Fax : 022-42267000

Email : ghatkopar.mumbai@starhealth.in

This is to certify that PURNACHANDRA KANDHA SASMAL has paid Rs 68,018/- (Total Premium : Indian Rupees Sixty-Eight thousand eighteen only) towards Premium for Hospitalization Insurance vide Policy No: 11250862937909 for the Period 22-Apr-2024 To 21-Apr-2025 issued on 21-Apr-2024.

Payment received by Payment Gateway vide Receipt No: 171116/RV/2025/0123233487/1 Receipt Date: 21-Apr-2024

Note :- This Certificate must be surrendered to the Insurance Company for issuance of fresh Certificate in case of Cancellation of the Policy or any alteration in the Insurance affecting the Premium.

Date : 21-Apr-2024

Place : Branch Office - Ghatkopar

For and on behalf of

Star Health and Allied Insurance Company Ltd.

IRDA Regn.No.129

Corporate Identity Number L66010TN2005PLC056649

Authorised Signatory

Email ID: info@starhealth.in

Entered by : CUSTPORTAL
Approved by : PORTAL

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For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

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IRDAI Regn.no: 129

Star Health And Allied Insurance Company Limited

Tax Invoice

Invoice No.	272404I009563667	Customer ID	11228311
Invoice Date	21-Apr-2024	Policy No.	11250862937909

Recipient				Supplier			
GSTIN				GSTIN	27AAJCS4517L1ZY		
Name	PURNACHANDRA KANDHA SASMAL			Name	Star Health and Allied Insurance Co Ltd Branch Office - Ghatkopar		
Address	Premier Exotica 2 Flat No1006 Nr Don Bosco College, Premier Road			Address	610, 6th Floor, Neelyog Square, Patel Chowk, Station road Ghatkopar East,		
City	Mumbai City	Pin Code	400070	City	Mumbai City	Pin Code	400077
State	Maharashtra	Client Category	IND	State	Maharashtra	Place of supply	Maharashtra

HSN / SAC Code	Description of Service(s)	Total	Discount	Taxable Value	IGST @ 18%	CGST @ 9%	UT/SGST @ 9%	CESS @ 1%	Total Invoice Value
		A	B	C = A - B	D = C * IGST	E = C * CGST	F = C * UTGST or SGST	G = C * Cess	H = C + D + E + F + G
997133	Insurance Services	57,642.00	0	57,642.00	0	5,188.00	5,188.00	0	68,018.00

Total Invoice Value (In Figures) : Rs. 68,018/-

Total Invoice Value (In Words) : Rupees Sixty Eight thousand eighteen only

Amount of Tax Subject to reverse Charge : No

Important Note:

The invoice is issued as per Section 31 of the CGST Act.

In case no GSTIN or incorrect GSTIN is provided by the Proposer at Proposal stage, Star Health and Allied Insurance Co Ltd shall not be responsible for any Input Tax Credit losses and no subsequent revision of invoice will be undertaken.

"I/We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule."

E. & O.E

This is a digitally signed document and hence no physical signature is required

IRDAI Regn.No.129 **/Corporate Identity Number L66010TN2005PLC056649** **Email ID: stargst@starhealth.in**

Entered by : CUSTPORTAL
Approved by : PORTAL

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IRDAI Regn.no: 129

Kokilaben Dhirubhai Ambani
hospital & medical research institute
MUMBAI
Every Life Matters

UHID	: KH1000970843	**Encounter ID**	: 148466110001
Name	: Mr. Purnachandra Sasmal		
Gender	: Male	**Age**	: 52Y
Attending Practitioner	: DR.ABHIJIT PAWAR		
Location	: ORTHOPAEDICS		
Encounter Date	: 31/10/2024 15:03		

Chief Complaints

Back pain
Left Leg pain
Associated with numbness
Limitations in ADL
MCOM – nil

Pain: Repetitive, **Frequent,** Persistent, 1st episode, New pain.

LP : 09 ; B.P : 0-3

Neurology: ASIA: E JOA:

Gait: left **Neurogenic Claudication**

Heel walk: **IMPAIRED** **Toe Walk: IMPAIRED**

SLR: Negative

Spurlings sign: -Ve

	Right	Left		Right	Left
Deltoid	5/5	5/5	Hip	5/5	5/5
Biceps	5/5	5/5	Knee	5/5	5/5
Triceps	5/5	5/5	ADF	4/5	5/5
Finger Grip	5/5	5/5	APF	4/5	4/5
Sensation	5/5	5/5	EHL	5/5	4/5
B/B	Normal		FHL		4/5

ROM: Painful and terminally restricted
MRI: L1-2 severe Stenosis

Kokilaben Dhirubhai Ambani
hospital & medical research institute
MUMBAI
Every Life Matters

UHID	: KH1000970843	**Encounter ID**	: 148466110001
Name	: Mr. Purnachandra Sasmal		
Gender	: Male	**Age**	: 52Y
Attending Practitioner	: DR.ABHIJIT PAWAR		
Location	: ORTHOPAEDICS		
Encounter Date	: 31/10/2024 15:03		

Diagnosis: L1-L2 stenosis severe

Needs MIS TLIF L1- 2 3D navigation guided

Authorized By	: DR.ABHIJIT PAWAR	**Date/Time**	: 31/10/2024 15:55

NIVARAN
EXCELLENCE
3 TESLA MRI
CENTRE

PATIENT NAME	: PURNACHANDRA SASMAL	DATE: 06/04/2023
AGE/SEX	: 47 YEARS / M	
REFERRED BY	: DR. VASANT BHANUSHALI	

3T MRI LUMBOSACRAL SPINE

MRI of the lumbosacral spine has been performed using T1 and T2 weighted images in multiple planes, STIR images were performed in coronal planes, T2 HASTE myelogram images were performed in sagittal and coronal planes, using spine coil and multi-echo sequences.

There is straightening of the lumbar spine noted.

Anterior marginal osteophytes are noted at multiple levels.

Vertebral bodies reveal normal signal intensity without any evidence of focal lesion.

Degenerative changes are noted in the lumbar intervertebral discs as evidenced by loss of normal signal intensity on T2 weighted images.

There is posterior bulge of D12-L1 intervertebral disc with left paracentral herniation, indenting the thecal sac, narrowing both lateral recesses with indentation of conus / left traversing and exiting nerve roots.

There is annular tear with posterior bulge of L1-L2 intervertebral disc with left paracentral herniation, indenting the thecal sac, narrowing both lateral recesses with mild to moderate compression of left traversing nerve root.

There is posterior bulge of L2-L3 intervertebral disc, indenting the thecal sac, narrowing both lateral recesses with indentation of bilateral traversing nerve roots.

There is annular tear with posterior bulge of L3-L4 intervertebral disc, indenting the thecal sac, narrowing both lateral recesses with indentation of bilateral traversing nerve roots.

There is annular tear with posterior bulge of L4-L5 intervertebral disc with posterocentral herniation, indenting the thecal sac, narrowing both lateral recesses with moderate compression of bilateral traversing nerve roots.

There is posterior bulge of L5-S1 intervertebral disc, indenting the thecal sac, narrowing both lateral recesses with indentation of bilateral exiting and traversing nerve roots.

Facet joint and ligamentum flavum appear normal.

Soft tissue canal stenosis is seen at D12-L1 (10.3 mm), L2-L3 (8.2 mm), L3-L4 (9.8 mm) and L4-L5 (6.7 mm) levels.

Lower end of the spinal cord, cauda equina and filum terminale appear normal. No abnormal pre/paraspinal soft tissue is seen.

Bilateral sacroiliac joints are unremarkable.

NIVARAN
EXCELLENCE
3 TESLA MRI
CENTRE

PATIENT NAME	: PURNACHANDRA SASMAL	DATE: 06/04/2023
AGE/SEX	: 47 YEARS / M	
REFERRED BY	: DR. VASANT BHANUSHALI	

Impression

- Posterior bulge of D12-L1 intervertebral disc with left paracentral herniation with indentation of conus / left traversing and exiting nerve roots.
- Annular tear with posterior bulge of L1-L2 intervertebral disc with left paracentral herniation with mild to moderate compression of left traversing nerve root.
- Posterior bulge of L2-L3 intervertebral disc with indentation of bilateral traversing nerve roots.
- Annular tear with posterior bulge of L3-L4 intervertebral disc with indentation of bilateral traversing nerve roots.
- Annular tear with posterior bulge of L4-L5 intervertebral disc with posterocentral herniation with moderate compression of bilateral traversing nerve roots.
- Posterior bulge of L5-S1 intervertebral disc with indentation of bilateral exiting and traversing nerve roots.
- Soft tissue canal stenosis at D12-L1 (10.3 mm), L2-L3 (8.2 mm), L3-L4 (9.8 mm) and L4-L5 (6.7 mm) levels.

Thanking you for the referral,
With regards,

Dr. Amol Dhapare
Chief Cons. & Interventional Radiologist

Dr. Ameya Kawthalkar
Consultant Musculoskeletal and Onco-Radiologist
Fellow in Musculoskeletal Imaging and Interventions, SMK, Netherlands

Dr. Raj Koticha
Cons. Radiologist

Dr. Karuna Agawane
Cons. Radiologist
Fellow in body imaging (CT and MRI)
KEM Hospital Mumbai

All radiological investigations have their limitations; hence these findings require clinical correlation.

भारत सरकार
GOVERNMENT OF INDIA

Download Date: 01/01/2020

पूर्णचंद्र कंधा सस्मल
Purnachandra Kandha Sasmal
जन्म तारीख / DOB: 16/01/1972
पुरुष / MALE
Mobile No.: 9930449156

Issue Date: 1/4/2018

7309 9305 3373
VID : 9165 9854 2365 4577

माझे आधार, माझी ओळख

भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

आधार

पत्ता:
C/O सन ऑफ कंधा सासमल, फ्लॅट नं 1006, 10 वा मजला बि.नं 4, प्रिमियर एक्झॉटिक-2, प्रिमियर रोड, डॉन बॉस्को शाळे समोर, कुर्ला वेस्ट, मुंबई, मुंबई उपनगर, महाराष्ट्र - 400070

Address:
C/O Son Of Kandha Sasmal, Flat No. 1006, 10th Floor, Bldg. No. 4, Premier Exotica - II, Premier Road, Opp. Don Bosco School, Kurla West, Mumbai, Mumbai Suburban, Maharashtra - 400070

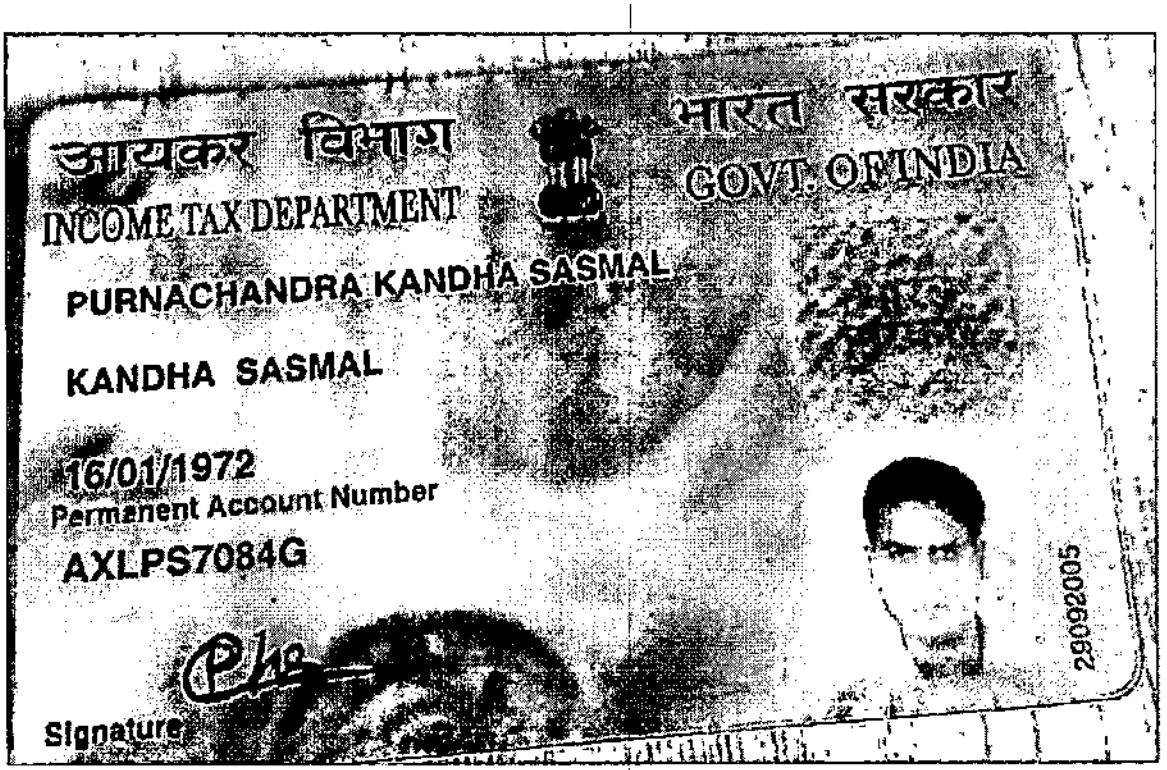
7309 9305 3373
VID : 9165 9854 2365 4577

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

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


आयकर विभाग
INCOME TAX DEPARTMENT
भारत सरकार
GOVT. OF INDIA
PURNACHANDRA KANDHA SASMAL
KANDHA SASMAL
16/01/1972
Permanent Account Number
AXLPS7084G
Signature
29092005