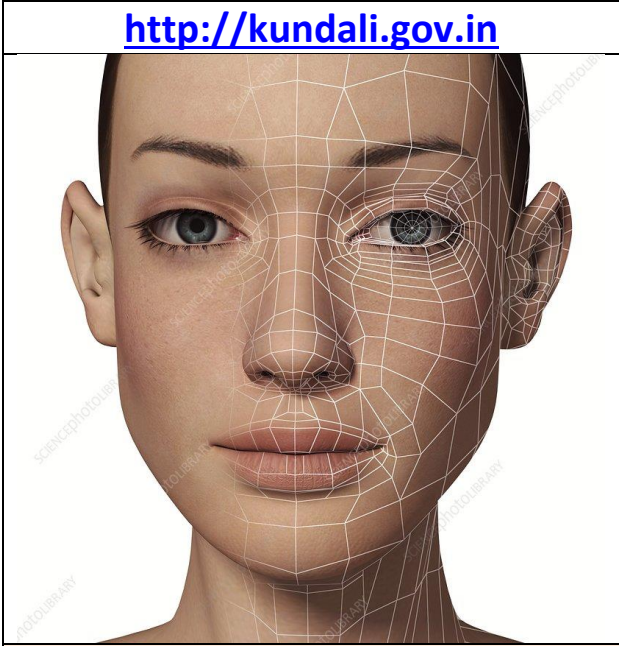


<http://kundali.gov.in>



SEARCH

SEARCH

(Type Name or Aadhar or PAN or any other known information)

|                             |                                              |                                  |                                  |                   |
|-----------------------------|----------------------------------------------|----------------------------------|----------------------------------|-------------------|
| FIRST NAME                  | LAST NAME                                    | ALIAS NAME(S) / OTHER NAMES USED |                                  |                   |
| FATHER FULL NAME            | MOTHER MAIDEN NAME                           | WIFE MAIDEN NAME                 |                                  |                   |
| CHILD 1 FULL NAME           | CHILD 2 FULL NAME                            | CHILD 3 FULL NAME                |                                  |                   |
| BROTHER 1 FULL NAME         | BROTHER 2 FULL NAME                          | BROTHER 3 FULL NAME              |                                  |                   |
| SISTER 1 FULL NAME          | SISTER 2 FULL NAME                           | SISTER 3 FULL NAME               |                                  |                   |
| DATE OF BIRTH               | PLACE OF BIRTH                               | VISIBLE MARKS                    |                                  |                   |
| AADHAR CARD #               | PAN CARD #                                   | VOTER ID#                        |                                  |                   |
| FOREIGN ID#                 | CASTE                                        | RELIGION                         |                                  |                   |
| ADDRESS 1                   |                                              |                                  |                                  |                   |
| OWNERSHIP                   | RENTED / OWNED / CO-OWNED / OTHER W DETAILS  | ACTIVE MORTGAGE? BANK & AMOUNT   | AGREEMENT VALUE OWNERSHIP/RENTAL |                   |
| ADDRESS 2                   |                                              |                                  |                                  |                   |
| OWNERSHIP                   | RENTED / OWNED / CO-OWNED / OTHER W DETAILS  | ACTIVE MORTGAGE? BANK & AMOUNT   | AGREEMENT VALUE OWNERSHIP/RENTAL |                   |
| MOTOR VEHICLE 1             | REGISTRATION #                               | MAKE                             | MODEL                            |                   |
| VEHICLE OWNERSHIP           | RENTED / OWNED / CO-OWNED / OTHER W DETAILS  | ACTIVE MORTGAGE? BANK & AMOUNT   | OWNERSHIP/RENTAL AGREEMENT VALUE |                   |
| MOTOR VEHICLE 2             | REGISTRATION #                               | MAKE                             | MODEL                            |                   |
| VEHICLE OWNERSHIP           | RENTED / OWNED / CO-OWNED / OTHER W DETAILS  | ACTIVE MORTGAGE? BANK & AMOUNT   | OWNERSHIP/RENTAL AGREEMENT VALUE |                   |
| DRIVER'S LICENSE #          | DRIVING / CAR CHALLANS / FULL TICKET DETAILS | CAR INSURANCE POLICY #           | INSURANCE VALIDITY:              |                   |
| MOBILE 1 #                  | SERVICE PROVIDER & TYPE                      | IMEI #                           | MOBILE MAKE & MODEL              |                   |
| MOBILE 2 #                  | SERVICE PROVIDER & TYPE                      | IMEI #                           | MOBILE MAKE & MODEL              |                   |
| GOOGLE ID & or APPLE ID     | FACEBOOK                                     | INSTAGRAM                        | LINKEDIN                         |                   |
| EMAIL ID 1                  | EMAIL ID 2                                   | YOUTUBE ID                       | TWITTER / X                      |                   |
| PASSPORT #                  | DATE OF ISSUE                                | DATE OF EXPIRY                   | PLACE OF ISSUE                   |                   |
| LAST EXIT FROM INDIA:       | LAST ENTRY INTO INDIA:                       | TOTAL DAYS SPENT OUTSIDE INDIA:  | DEPORTATION RECORD?              |                   |
| VISA ISSUED BY?             | ACCESS WITH EMBASSY / CONSULATES             | LAST ENTRY                       | LAST EXIT                        |                   |
| VISA ISSUED BY?             | ACCESS WITH EMBASSY / CONSULATES             | LAST ENTRY                       | LAST EXIT                        |                   |
| WORK DESIGNATION            | EMPLOYER NAME                                | WORK ADDRESS:                    | TOTAL SALARY:                    | SALARY IN HAND:   |
| OFFICIAL ID CARD            | APPOINTMENT LETTER                           | TERMINATION LETTER               | FROM:                            | UNTIL:            |
| WORK DESIGNATION            | EMPLOYER NAME                                | WORK ADDRESS:                    | TOTAL SALARY:                    | SALARY IN HAND:   |
| OFFICIAL ID CARD            | APPOINTMENT LETTER                           | TERMINATION LETTER               | FROM:                            | UNTIL:            |
| PROPRIETORSHIP COMPANY?     | SHAREHOLDING IN PVT LTD OR LTD COMPANY?      | PARTNERSHIP COMPANY DETAILS      | COMPANY LICENSE 1                | COMPANY LICENSE 2 |
| REGISTRATION / LICENSE #    | UDIN #                                       | REGISTRATION / LICENSE?          | MSME?                            | OTHER LICENSES?   |
| PERSONAL TAX PAID TILL DATE | COPIES OF INCOME TAX RETURNS FILED           | BANK & BALANCE 1                 | BANK & BALANCE 2                 | BANK & BALANCE 3  |
| DEMAT HOLDINGS VALUE        | IMMOVABLE ASSETS VALUE                       | MOVABLE ASSETS VALUE             | REPORTED CAPITAL                 | ACTUAL CAPITAL    |
| BANK LOAN & AMOUNT 1        | BANK LOAN & AMOUNT 2                         | BANK LOAN & AMOUNT 3             | BANK LOAN & AMOUNT 4             |                   |
| INSTALMENT AMOUNT 1         | INSTALMENT AMOUNT 2                          | INSTALMENT AMOUNT 3              | INSTALMENT AMOUNT 4              |                   |
| TOTAL LOAN OUTSTANDING?     | TOTAL MONTHLY INSTALMENT?                    | CREDIT CARD LIMIT & USAGE 1      | CREDIT CARD LIMIT & USAGE 2      |                   |
| CREDIT SCORE                | ASSET TO LIABILITY RATIO                     | TOTAL DEFAULT IF ANY - TILL DATE | DEFAULT PERIOD                   |                   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                       |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| PRIMARY EDUCATION CERT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | SECONDARY EDUCATION CERTIFICATE       | HIGHER SECONDARY EDU CERTIFICATE      | GRADUATION DEGREE CERTIFICATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| POST GRADUATION CERTIFICATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | VOCATIONAL TRAINING CERTIFICATE       | OTHER DEGREE / CERTIFICATE            | OTHER DEGREE / CERTIFICATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| LIFE INSURANCE 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | LIFE INSURANCE 2                      | MEDICLAIM INSURANCE DETAILS           | MEDICAL HISTORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| POLICE F.I.R. - COMPLAINANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | POLICE F.I.R - ACCUSED                | COURT PLAINTIFF/PETITIONER /APPLICANT | COURT BAILIFF/RESPONDENT/ACCUSED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| OTHER AGENCY CASE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | OTHER AGENCY NOTICE / LOOK OUT NOTICE | INTERPOL CLEARANCE                    | DECREE / CLAIM / PAROLE / BAIL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| AIRLINE MEMBERSHIP 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | HOTEL MEMBERSHIP 1                    | CLUB MEMBERSHIP 1                     | OTHER MEMBERSHIP 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| TELEVISION PROVIDER & DETAILS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | INTERNET PROVIDER & DETAILS           | LANDLINE DETAILS                      | ELECTRICITY PROVIDER, METER #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| LAST CHECK IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                       |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| CHECK IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| CHECK IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| *****                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>PROS:</b> <ol style="list-style-type: none"> <li><b>LAW ENFORCEMENT</b> – Save tremendous time &amp; money – more productive – data of HISTORY SHEETERS</li> <li><b>TAX EVASION, GOVT DUES, PENDING PAYMENT FOR TICKETS/CHALLANS</b> becomes next to impossible</li> <li><b>No more DISPROPORTIONATE ASSETS</b> (<i>Aay se Adhik Sampati</i>)</li> <li><b>No more ASSETS IN FAKE/PROXY NAMES</b> (<i>Benaami Sampati</i>)</li> <li>Loan defaults become tough, loan eligibility pre-qualification transparent; KYC; <b>OVERALL ROBUST BANKING</b></li> <li>Considerable benefits to <b>CONSULATES &amp; EMBASSIES FOR VISAS, ENTRY &amp; EXITS</b></li> <li><b>PASSPORT ISSUANCE</b> along with other actions including restrictions on travel; verification, etc.</li> <li><b>MILLIONS OF VERIFICATION</b> become seamless conducted <b>DAILY</b> by private &amp; govt agencies</li> <li><b>EYE/FACE RECOGNITION CHECK-INS</b> all over India - residence societies, commercial premises, govt offices, hospitals, public transport / travel - buses, metros, railways, airports; hotels, restos; employees attendances;</li> <li><b>NO MORE BLUFFING, WASTING TIME, FAKE MEETINGS - ERADICATION OF FRAUD</b></li> <li><b>Only serious and GENUINE MEETINGS, HONEST DEALS, SINCERE DISCUSSIONS - ERADICATION OF FRAUD</b></li> <li><b>End to government AGENTS, LOBBYISTS, TOUTS - ERADICATION OF FRAUD</b></li> <li><b>CORRUPTION CONTROL</b> upto a larger extent</li> <li><b>Robust SOCIAL MEDIA</b>; deletion of fake profiles; only genuine verified human &amp; business profiles</li> <li><b>TERRORISM, NAXAL</b> and other similar activities become more difficult</li> <li><b>CRIME on WOMEN</b> comes under control; <b>WOMEN SAFETY, PROFILING/BLOCKING by WOMEN</b> encouraged</li> <li><b>COURTS OF LAW</b> to benefit the most – with conclusion of millions of cases of deceased/non-existential party(s); history of the litigants accessible to all <b>COURTS, LAWYERS, ADVOCATES</b> for productive litigation</li> <li><b>ANALYSIS &amp; STATISTICS FOR GENUINE BUSINESS &amp; GOVT</b> – <b>ERADICATION OF FRAUD</b></li> <li><b>HOSPITALS, MEDICARE &amp; HEALTHCARE</b> to benefit tremendously - <b>ERADICATION OF FRAUD</b></li> <li><b>INSURANCE</b> becomes seamless &amp; productive - <b>ERADICATION OF FRAUD</b></li> <li><b>COMPLETE LAND, PROPERTY RECORD &amp; MAPPING - ERADICATION OF FRAUD</b></li> <li><b>Complete paperless process everywhere - I AGREE/I VERIFY/I ACCEPT/I CONSENT/</b> Similar admission - using thumb prints – <b>DIGITAL INDIA</b> – No need to submit hundreds of papers in any process</li> </ol> |                                       |                                       | <b>CONS:</b> <ol style="list-style-type: none"> <li>Banking data especially balances in accounts become public – <b>BANKS &amp; EMPLOYEES ALREADY HAVE ACCESS</b></li> <li>Rise in crime due to <b>FINANCIALS &amp; ASSETS</b> disclosure? – such data already known to public</li> <li><b>AADHAR, PASSPORT, DRIVING LICENSE, RTO</b> and other data already available with Govt agencies and employees</li> <li><b>TAX &amp; banking</b> already available with Departments</li> <li><b>CIBIL &amp; other agencies</b> already have loan and default data</li> <li><b>E-Courts; CCTNS; etc.</b> already have <b>LEGAL</b> and <b>CRIMINAL</b> data</li> <li>Transparency is a boon, not a curse</li> <li>Privacy? All the data is available somewhere or the other, publicly. Nothing private is being displayed such as fashion, food, lifestyle, etc.</li> <li>Check ins already mapped by mobile location, google, etc</li> </ol> |