CERTIFICATE FOR AADHAAR ENROLMENT/ UPDATE

Instructions: **All details to be filled in Block Letters**

To be printed on plain A4 paper size;   *Not required to print on letter head;*

(To be valid for 3 months from date of issue)

D D   M M   Y Y Y Y

Resident's Details

☐ Resident   ☐ Non-Resident Indian (NRI)   ☐ New Enrolment   ☐ Update Request

Aadhaar Number:
(For update only)

Full Name:

C/o:

House No./ Bldg./ Apt:

Street/ Road/ Lane:

Landmark:

Area/ Locality/ Sector:

Village/ Town/ City:

Post Office:

District:

State:

Resident's Recent
Colour Photograph
3.5cm x 4.5 cm

Cross Signed and
Cross Stamped
by the Certifier.

NB: DO NOT
OVERLAP WITH
TEXT BOXES

PIN Code:

Date of Birth:

Signature of the Resident/
Thumb/ Finger Impression

Certifier's Details (To be filled by the certifier Only)

Name of the Certifier:

Designation:

Office Address:

Contact Number:

I hereby certify above mentioned details of the resident and I am a.... (Tick appropriate box below)

☐ Gazetted Officer - Group A

☐ Village Panchayat Head or Mukhiya

☐ Gazetted Officer - Group B

☐ MP/ MLA/ MLC/ Muncipal Councilor

☐ Tehsildar

☐ Head of Recognized Educational Institution

☐ Superintendent/ Warden/ Matron/ Head of Institution of Recognized shelter homes/ Orphanages

☐ EPFO Officer

Checklist for Certifier

☐ No overwriting   ☐ Issue date is filled   ☐ Resident's signature   ☐ Certifier's details

☐ Resident's Photo is cross signed and cross stamped *(paper to photo or photo to paper)*

Signature & Stamp of the Certifier

NOTE: This format is applicable for POI documents at Sl. Nos. 17, 20, 21, 22, 31 & 32; POA documents at Sl. Nos. 23, 24, 37, 38, 44 & 45; POR documents at Sl. Nos. 13 & 14 DOB documents at Sl. Nos. 4, 5, 14 & 15 of Schedule II of the Aadhaar (Enrolment and Update) Regulations, 2016, as amended from time to time.

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Instructions: All details to be filled in Block Letters

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Date: | 1 | 4 | | 1 | 0 | | 2 | 0 | 2 | 0 |

Resident's Details

[✓] Resident   [ ] Non-Resident Indian (NRI)   [ ] New Enrolment   [✓] Update Request

Aadhaar Number: (For update only) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 |

Full Name: MOHAN KUMAR

C/o: MAHESH KUMAR

House No./ Bldg./ Apt: A- 312 / 5,

Street/ Road/ Lane: BLOCK - D4

Landmark: NEAR OXFORD LIBRARY

Area/ Locality/ Sector: MOHAN NAGAR

Village/ Town/ City: INDRAPURAM

Post Office: INDRAPURAM

District: DELHI

State: DELHI

PIN Code: | 1 | 1 | 0 | 0 | 0 | 1 |

Date of Birth: | 0 | 1 | | 0 | 1 | | 1 | 9 | 9 | 0 |

Signature of the Resident/ Thumb/ Finger Impression: Mohan

Attested
Manoj Tiwari 14/10/20

OFFICE STAMP

Certifier's Details (To be filled by the certifier Only)

Name of the Certifier: MANOJ TIWARI

Designation: DEPUTY DIRECTOR

Office Address: MINISTRY OF HEALTH, ROOM No- 305D, SHASTRI BHAWAN, NEW DELHI - 110001

Contact Number: 9876543210

I hereby certify above mentioned details of the resident and I am a.... (Tick appropriate box below)

[✓] Gazetted Officer - Group A
[ ] Village Panchayat Head or Mukhiya
[ ] Gazetted Officer - Group B
[ ] MP/ MLA/ MLC/ Muncipal Councilor
[ ] Tehsildar
[ ] Head of Recognized Educational Institution
[ ] Superintendent/ Warden/ Matron/ Head of Institution of Recognized shelter homes/ Orphanages
[ ] EPFO Officer

Checklist for Certifier

[✓] No overwriting   [✓] Issue date is filled   [✓] Resident's signature   [✓] Certifier's details
[✓] Resident's Photo is cross signed and cross stamped *(paper to photo or photo to paper)*

Manoj Tiwari
उप- निदेशक/Dy. Director 14/10/20
OFFICE STAMP

Signature & Stamp of the Certifier

NOTE: This format is applicable for POI documents at Sl. Nos. 17, 20, 21, 22, 31 & 32; POA documents at Sl. Nos. 23, 24, 37, 38, 44 & 45; POR documents at Sl. Nos. 13 & 14 DOB documents at Sl. Nos. 4, 5, 14 & 15 of Schedule II of the Aadhaar (Enrolment and Update) Regulations, 2016, as amended from time to time.

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