



Under Section 3 of THE AADHAAR (TARGETED DELIVERY OF FINANCIAL AND OTHER SUBSIDIES, BENEFITS AND SERVICES) ACT, 2016 (Aadhaar Act)

AADHAAR ENROLMENT/ CORRECTION/ UPDATE FORM

Aadhaar Enrolment and Mandatory Biometric Update is free. No charges are applicable for Form. In case of Correction/ Update, provide your Aadhaar Number (UID), Full Name and only that field which needs Correction/ Update.

Resident Non-Resident Indian (NRI*) Please follow the instructions overleaf while filling up the form. Use capital letters only.

1	Pre Enrolment ID (If applicable):	2	In case of Update provide Aadhaar Number (UID): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2.1	<input checked="" type="checkbox"/> Biometric Update (Photo + Fingerprint + Iris) <input type="checkbox"/> Mobile <input type="checkbox"/> Date of Birth <input type="checkbox"/> Address <input type="checkbox"/> Name <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Email		
3	Full Name: PRIYANKA DUSHYANT BAPAT		
4	Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Transgender	5	Age: 21 Yrs OR Date of Birth: 11/12/2020 <input type="checkbox"/> Declared <input checked="" type="checkbox"/> Verified
Address: C/o VALLONIA			
House No./ Bldg./ Apt: 1		Street/ Road/ Lane: PASHAN ROAD	
6	Landmark: NEAR SBI BANK	Area/ Locality/ Sector: PASHAN CIRCLE	
Village/ Town/ City: NASHIK		Post Office: DWARKA	
District:		Sub-District:	State: MAHARASHTRA
E-Mail: <input type="text"/>		Mobile No.: 9234567810	PIN Code: 422011
7	Details of: <input checked="" type="checkbox"/> Father <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Husband <input type="checkbox"/> Wife <small>For children below 5 years Father/Mother/Guardian's details are mandatory. Adults can opt not to specify this information.</small>		
Name: PRISHA DUSHYANT BAPAT			
EID/ Aadhaar No.:			
Verification Type: <input checked="" type="checkbox"/> Document Based <input type="checkbox"/> Introducer Based <input type="checkbox"/> Head of Family (HoF) Based Select only one of the above. Select Introducer or Head of Family only if you do not possess any documentary proof of identity and/or address. Introducer and Head of Family details are not required in case of Document based verification.			
8	For Document Based (Write Names of the documents produced. Refer overleaf of this form for list of valid documents)		
a.	POI		b. POA
c.	DOB (Mandatory in case of Verified Date of Birth)		d. POR (Mandatory in case of HoF based Enrolment/ Update)
9	For Introducer Based – Introducer's Aadhaar No.:	For HoF Based - Details of : <input type="checkbox"/> Father <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Husband <input type="checkbox"/> Wife HoF's EID/ Aadhaar No.:	
I hereby confirm the identity and address of _____ as being true, correct and accurate.			
Introducer/ HoF's Name:		Signature of Introducer/ HoF	

Disclosure under section 3(2) of THE AADHAAR (TARGETED DELIVERY OF FINANCIAL AND OTHER SUBSIDIES, BENEFITS AND SERVICES) ACT, 2016
 I confirm that I have been residing in India for at least 182 days in the preceding 12 months / I am Non Resident Indian (NRI) & information (including biometrics) provided by me to the UIDAI is my own and is true, correct and accurate. I am aware that my information including biometrics will be used for generation of Aadhaar per the provisions of the Aadhaar Act. I have a right to access my identity information (except core biometrics) following the procedure laid down by UIDAI.

Verifier's Stamp and Signature:

(Verifier must put his/ her Name, if stamp is not available)

Applicant's signature/ Thumbprint

To be filled by the Enrolment Agency only:

Date & time of Enrolment: _____

Note: In case of minor, the signature will be done by parent/guardian. In case of incapacitated person, the signature will be done by Legal Guardian of Incapacitated Person
 * In case of NRI, only Indian Passport will be valid as POI.



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Resident Non-Resident Indian (NRI*) Please follow the instructions overleaf while filling up the form. Use capital letters only.

1	Pre Enrolment ID (If applicable):	2	In case of Update provide Aadhaar Number (UID): 9238 4872 6125
2.1	<input checked="" type="checkbox"/> Biometric Update (Photo + Fingerprint + Iris) <input type="checkbox"/> Mobile <input type="checkbox"/> Date of Birth <input type="checkbox"/> Address <input checked="" type="checkbox"/> Name <input type="checkbox"/> Gender <input checked="" type="checkbox"/> Email		
3	Full Name: Pallavi Rishikesh Mitrogotri		
4	Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Transgender	5	Age: _____ Yrs OR Date of Birth: <input type="checkbox"/> Declared <input type="checkbox"/> Verified
Address: C/o FL. NO 101 S.K Apartments, LBS Road Kothrud Pune			
House No./ Bldg./ Apt:		Street/ Road/ Lane:	
6	Landmark:	Area/ Locality/ Sector:	
Village/ Town/ City:		Post Office: Kothrud	
District: Pune		Sub-District:	State: Maharashtra
E-Mail: Pallavi1mitrogotri@gmail.com		Mobile No.: +91 5216278483	PIN Code: 400112
7	Details of: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input checked="" type="checkbox"/> Husband <input type="checkbox"/> Wife <small>For children below 5 years Father/Mother/Guardian's details are mandatory. Adults can opt not to specify this information.</small>		
Name: Rishikesh mitrogotri			
EID/ Aadhaar No.: 2615 7482 3829			
Verification Type: <input checked="" type="checkbox"/> Document Based <input type="checkbox"/> Introducer Based <input type="checkbox"/> Head of Family (HoF) Based Select only one of the above. Select Introducer or Head of Family only if you do not possess any documentary proof of identity and/or address. Introducer and Head of Family details are not required in case of Document based verification.			
8	For Document Based (Write Names of the documents produced. Refer overleaf of this form for list of valid documents)		
a.	POI	b.	POA
c.	DOB <input checked="" type="checkbox"/> <small>(Mandatory in case of Verified Date of Birth)</small>	d.	POR <small>(Mandatory in case of HoF based Enrolment/ Update)</small>
9	For Introducer Based – Introducer's Aadhaar No.:	For HoF Based - Details of : <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Husband <input type="checkbox"/> Wife HoF's EID/ Aadhaar No.:	
I hereby confirm the identity and address of <u>Pallavi Rishikesh Mitrogotri</u> as being true, correct and accurate. Introducer/ HoF's Name: <u>Pallavi</u> <u>Pallavi</u> Signature of Introducer/ HoF			

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Verifier's Stamp and Signature:

(Verifier must put his/ her Name, if stamp is not available)

Applicant's signature/ Thumbprint

To be filled by the Enrolment Agency only:

Date & time of Enrolment: _____

Note: In case of minor, the signature will be done by parent/guardian. In case of incapacitated person, the signature will be done by Legal Guardian of Incapacitated Person
** In case of NRI, only Indian Passport will be valid as POI.*



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Resident Non-Resident Indian (NRI*) Please follow the instructions overleaf while filling up the form. Use capital letters only.

1	Pre Enrolment ID (If applicable):	2	In case of Update provide Aadhaar Number (UID): 2 4 3 1 1 4 6 1 8 7 7 2
2.1	<input checked="" type="checkbox"/> Biometric Update (Photo + Fingerprint + Iris) <input checked="" type="checkbox"/> Mobile <input type="checkbox"/> Date of Birth <input type="checkbox"/> Address <input type="checkbox"/> Name <input type="checkbox"/> Gender <input type="checkbox"/> Email		
3	Full Name: Dewang Ravinda Moghe		
4	Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	5	Age: 22 Yrs OR Date of Birth: 25/12/1999 <input type="checkbox"/> Declared <input checked="" type="checkbox"/> Verified
Address: C/o Room no 5			
House No./ Bldg./ Apt: Room no 5		Street/ Road/ Lane: Neelkanth building, aagash Path	
6	Landmark:	Area/ Locality/ Sector: Mumbai dadas	
Village/ Town/ City: Mumbai		Post Office: dadas Post office	
District: Mumbai		Sub-District:	State: Maharashtra
E-Mail: dev.moghe@gmail.com		Mobile No.: 9277816411	PIN Code: 400028
7	Details of: <input checked="" type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Husband <input type="checkbox"/> Wife <i>For children below 5 years Father/Mother/Guardian's details are mandatory. Adults can opt not to specify this information.</i>		
Name: Ravinda Moghe			
EID/ Aadhaar No.: 7287 6141 3241			
Verification Type: <input checked="" type="checkbox"/> Document Based <input type="checkbox"/> Introducer Based <input type="checkbox"/> Head of Family (HoF) Based			
Select only one of the above. Select Introducer or Head of Family only if you do not possess any documentary proof of identity and/or address. Introducer and Head of Family details are not required in case of Document based verification.			
8	For Document Based (Write Names of the documents produced. Refer overleaf of this form for list of valid documents)		
a.	POI	b.	POA
c.	DOB (Mandatory in case of Verified Date of Birth)	d.	POR (Mandatory in case of HoF based Enrolment/ Update)
9	For Introducer Based – Introducer's Aadhaar No.:	For HoF Based - Details of: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Husband <input type="checkbox"/> Wife HoF's EID/ Aadhaar No.:	
I hereby confirm the identity and address of Dewang Ravinda Moghe as being true, correct and accurate. Introducer/ HoF's Name: <i>Dewang</i> Signature of Introducer/ HoF			

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Verifier's Stamp and Signature:

(Verifier must put his/ her Name, if stamp is not available)

Applicant's signature/ Thumbprint

To be filled by the Enrolment Agency only:

Date & time of Enrolment:

Note: In case of minor, the signature will be done by parent/guardian. In case of incapacitated person, the signature will be done by Legal Guardian of Incapacitated Person
** In case of NRI, only Indian Passport will be valid as POI.*



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Resident Non-Resident Indian (NRI*) Please follow the instructions overleaf while filling up the form. Use capital letters only.

1	Pre Enrolment ID (If applicable):	2	In case of Update provide Aadhaar Number (UID): 7038 8321 7428
2.1	<input type="checkbox"/> Biometric Update (Photo + Fingerprint + Iris) <input type="checkbox"/> Mobile <input type="checkbox"/> Date of Birth <input type="checkbox"/> Address <input type="checkbox"/> Name <input type="checkbox"/> Gender <input type="checkbox"/> Email		
3	Full Name: Aakanksha Deepak Mhatojan.		
4	Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Transgender	5	Age: _____ Yrs OR Date of Birth: 27/02/1996 <input type="checkbox"/> Declared <input type="checkbox"/> Verified
Address: C/o _____			
House No./ Bldg./ Apt: Plot NO 17		Street/ Road/ Lane: Raghukul Society.	
6	Landmark:	Area/ Locality/ Sector:	
Village/ Town/ City: Pune		Post Office:	
District: Pune.		Sub-District:	State: Maharashtra.
E-Mail:		Mobile No.: 7798086062	PIN Code: 411052
7	Details of: <input checked="" type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Husband <input type="checkbox"/> Wife <i>For children below 5 years Father/Mother/Guardian's details are mandatory. Adults can opt not to specify this information.</i>		
Name: Deepak Gajanan Mhatojan.			
EID/ Aadhaar No.: 8022 1021 7408			
Verification Type: <input checked="" type="checkbox"/> Document Based <input type="checkbox"/> Introducer Based <input type="checkbox"/> Head of Family (HoF) Based			
Select only one of the above. Select Introducer or Head of Family only if you do not possess any documentary proof of identity and/or address. Introducer and Head of Family details are not required in case of Document based verification.			
8	For Document Based (Write Names of the documents produced. Refer overleaf of this form for list of valid documents)		
a.	POI	b.	POA
c.	DOB (Mandatory in case of Verified Date of Birth)	d.	POR (Mandatory in case of HoF based Enrolment/ Update)
9	For Introducer Based – Introducer's Aadhaar No.:	For HoF Based - Details of: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Husband <input type="checkbox"/> Wife HoF's EID/ Aadhaar No.:	
I hereby confirm the identity and address of Shounak Sindgi as being true, correct and accurate. Introducer/ HoF's Name: Shounak Sindgi Signature of Introducer/ HoF Aakanksha Mhatojan.			

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Verifier's Stamp and Signature:

(Verifier must put his/ her Name, if stamp is not available)

Applicant's signature/ Thumbprint

To be filled by the Enrolment Agency only:

Date & time of Enrolment: _____

Note: In case of minor, the signature will be done by parent/guardian. In case of incapacitated person, the signature will be done by Legal Guardian of Incapacitated Person

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Resident Non-Resident Indian (NRI*) Please follow the instructions overleaf while filling up the form. Use capital letters only.

1	Pre Enrolment ID (If applicable):	2	In case of Update provide Aadhaar Number (UID): 9 4 2 3 1 2 3 4 9 7 0 2
2.1	<input checked="" type="checkbox"/> Biometric Update (Photo + Fingerprint + Iris) <input checked="" type="checkbox"/> Mobile <input type="checkbox"/> Date of Birth <input type="checkbox"/> Address <input checked="" type="checkbox"/> Name <input type="checkbox"/> Gender <input type="checkbox"/> Email		
3	Full Name: Ananya Date		
4	Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Transgender	5	Age: 23 Yrs OR Date of Birth: <input type="checkbox"/> Declared <input checked="" type="checkbox"/> Verified
Address: C/o Ajinkya Park , House No./ Bldg./ Apt: 102 Street/ Road/ Lane: Lane 5			
6	Landmark: club Road	Area/ Locality/ Sector: Pune	
Village/ Town/ City: Pune		Post Office:	
District:		Sub-District:	State: Maharashtra
E-Mail: Ananya@gmail.com		Mobile No.: 9234567890	PIN Code: 411045
7	Details of: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Husband <input type="checkbox"/> Wife <i>For children below 5 years Father/Mother/Guardian's details are mandatory. Adults can opt not to specify this information.</i>		
Name:			
EID/ Aadhaar No.:			
Verification Type: <input checked="" type="checkbox"/> Document Based <input type="checkbox"/> Introducer Based <input type="checkbox"/> Head of Family (HoF) Based			
Select only one of the above. Select Introducer or Head of Family only if you do not possess any documentary proof of identity and/or address. Introducer and Head of Family details are not required in case of Document based verification.			
8	For Document Based (Write Names of the documents produced. Refer overleaf of this form for list of valid documents)		
a.	POI	b.	POA
c.	DOB (Mandatory in case of Verified Date of Birth)	d.	POR (Mandatory in case of HoF based Enrolment/ Update)
9	For Introducer Based – Introducer's Aadhaar No.:	For HoF Based - Details of: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Husband <input type="checkbox"/> Wife HoF's EID/ Aadhaar No.: 12345678912345	
I hereby confirm the identity and address of Ananya Date as being true, correct and accurate.			
Introducer/ HoF's Name: Ravi Joshi		Signature of Introducer/ HoF R. Joshi	

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Verifier's Stamp and Signature:

(Verifier must put his/ her Name, if stamp is not available)

Applicant's signature/ Thumbprint

To be filled by the Enrolment Agency only:

Date & time of Enrolment:

Note: In case of minor, the signature will be done by parent/guardian. In case of incapacitated person, the signature will be done by Legal Guardian of Incapacitated Person
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Resident Non-Resident Indian (NRI*) Please follow the instructions overleaf while filling up the form. Use capital letters only.

1	Pre Enrolment ID (If applicable): 13456789 1234	2	In case of Update provide Aadhaar Number (UID): 1345 6789 1234
2.1	<input checked="" type="checkbox"/> Biometric Update (Photo + Fingerprint + Iris) <input checked="" type="checkbox"/> Mobile <input type="checkbox"/> Date of Birth <input type="checkbox"/> Address <input type="checkbox"/> Name <input type="checkbox"/> Gender <input type="checkbox"/> Email		
3	Full Name: Dmesh Bhagwatji Hatwar		
4	Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	5	Age: 32 Yrs OR Date of Birth: 23/05/1990 <input type="checkbox"/> Declared <input type="checkbox"/> Verified
6	Address: C/o Rahatani, Pune		
	House No./ Bldg./ Apt: E - 604		Street/ Road/ Lane: Ram Mandir Road
	Landmark: Laxmi Bhakti		Area/ Locality/ Sector: Rahatani
	Village/ Town/ City: Rahatani		Post Office:
	District: Pune	Sub-District:	State: Maharashtra
E-Mail: Lokesh@gmail.com	Mobile No.: 9890800470	PIN Code: 411017	
7	Details of: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Husband <input checked="" type="checkbox"/> Wife <small>For children below 5 years Father/Mother/Guardian's details are mandatory. Adults can opt not to specify this information.</small>		
Name: Sonam Chahewar			
EID/ Aadhaar No.: 123456781234			
Verification Type: <input checked="" type="checkbox"/> Document Based <input type="checkbox"/> Introducer Based <input type="checkbox"/> Head of Family (HoF) Based Select only one of the above. Select Introducer or Head of Family only if you do not possess any documentary proof of identity and/or address. Introducer and Head of Family details are not required in case of Document based verification.			
8	For Document Based (Write Names of the documents produced. Refer overleaf of this form for list of valid documents)		
a.	POI	b.	POA
c.	DOB (Mandatory in case of Verified Date of Birth)	d.	POR (Mandatory in case of HoF based Enrolment/ Update)
9	For Introducer Based – Introducer's Aadhaar No.: 6789 1234 7890	For HoF Based - Details of: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Husband <input checked="" type="checkbox"/> Wife HoF's EID/ Aadhaar No.: 12345678 1234	
I hereby confirm the identity and address of Dmesh Bhagwatji Hatwar as being true, correct and accurate. Introducer/ HoF's Name: Rajesh Kalande Signature of Introducer/ HoF Rajesh			

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Verifier's Stamp and Signature:

(Verifier must put his/ her Name, if stamp is not available)

Applicant's signature/ Thumbprint

To be filled by the Enrolment Agency only:

Date & time of Enrolment: _____

Note: In case of minor, the signature will be done by parent/guardian. In case of incapacitated person, the signature will be done by Legal Guardian of Incapacitated Person

* In case of NRI, only Indian Passport will be valid as POI.



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1	Pre Enrolment ID (If applicable):	2	In case of Update provide Aadhaar Number (UID): 1 2 3 4 5 6 7 8 9 1 0 7
2.1	<input checked="" type="checkbox"/> Biometric Update (Photo + Fingerprint + Iris) <input checked="" type="checkbox"/> Mobile <input type="checkbox"/> Date of Birth <input type="checkbox"/> Address <input type="checkbox"/> Name <input type="checkbox"/> Gender <input type="checkbox"/> Email		
3	Full Name: Shaunak Samir Sindgi		
4	Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	5	Age: 21 Yrs OR Date of Birth: 07/01/2001 <input type="checkbox"/> Declared <input type="checkbox"/> Verified
6	Address: C/o		
	House No./ Bldg./ Apt: 109/8		Street/ Road/ Lane: Prabhat Road, Lane-14
	Landmark: Income tax, Lane		Area/ Locality/ Sector: Erandwane
	Village/ Town/ City: Pune City		Post Office: Deccan
	District: Pune	Sub-District:	State: Maharashtra
E-Mail: Shaunak112@gmail.com	Mobile No.: 9850893837	PIN Code: 411004	
7	Details of: <input checked="" type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Husband <input type="checkbox"/> Wife <small>For children below 5 years Father/Mother/Guardian's details are mandatory. Adults can opt not to specify this information.</small>		
Name: Samir Sindgi EID/ Aadhaar No.: 9876543210			
Verification Type: <input checked="" type="checkbox"/> Document Based <input type="checkbox"/> Introducer Based <input type="checkbox"/> Head of Family (HoF) Based Select only one of the above. Select Introducer or Head of Family only if you do not possess any documentary proof of identity and/or address. Introducer and Head of Family details are not required in case of Document based verification.			
8	For Document Based (Write Names of the documents produced. Refer overleaf of this form for list of valid documents)		
a.	POI 411004	b.	POA 123456
c.	DOB 07/01/2001 <small>(Mandatory in case of Verified Date of Birth)</small>	d.	POR ABCDE <small>(Mandatory in case of HoF based Enrolment/ Update)</small>
9	For Introducer Based – Introducer's Aadhaar No.:	For HoF Based - Details of: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Husband <input type="checkbox"/> Wife HoF's EID/ Aadhaar No.:	
I hereby confirm the identity and address of Shaunak Samir Sindgi as being true, correct and accurate. Introducer/ HoF's Name: Signature of Introducer/ HoF			

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 I confirm that I have been residing in India for at least 182 days in the preceding 12 months / I am Non Resident Indian (NRI) & information (including biometrics) provided by me to the UIDAI is my own and is true, correct and accurate. I am aware that my information including biometrics will be used for generation of Aadhaar per the provisions of the Aadhaar Act. I have a right to access my identity information (except core biometrics) following the procedure laid down by UIDAI.

Verifier's Stamp and Signature:

(Verifier must put his/ her Name, if stamp is not available)

Applicant's signature/ Thumbprint

To be filled by the Enrolment Agency only:

Note: In case of minor, the signature will be done by parent/guardian. In case of incapacitated person, the signature will be done by Legal Guardian of Incapacitated Person
 * In case of NRI, only Indian Passport will be valid as POI.

Date & time of Enrolment: Wednesday



Under Section 3 of THE AADHAAR (TARGETED DELIVERY OF FINANCIAL AND OTHER SUBSIDIES, BENEFITS AND SERVICES) ACT, 2016 (Aadhaar Act)

AADHAAR ENROLMENT/ CORRECTION/ UPDATE FORM

Aadhaar Enrolment and Mandatory Biometric Update is free. No charges are applicable for Form. In case of Correction/ Update, provide your Aadhaar Number (UID), Full Name and only that field which needs Correction/ Update.

Resident Non-Resident Indian (NRI*) Please follow the instructions overleaf while filling up the form. Use capital letters only.

1	Pre Enrolment ID (If applicable): 534 I007	2	In case of Update provide Aadhaar Number (UID): 85 85 2332 1441
2.1	<input checked="" type="checkbox"/> Biometric Update (Photo + Fingerprint + Iris) <input checked="" type="checkbox"/> Mobile <input checked="" type="checkbox"/> Date of Birth <input type="checkbox"/> Address <input type="checkbox"/> Name <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Email		
3	Full Name: Malpani Jagdish Madhusudan		
4	Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	5	Age: 25 Yrs OR Date of Birth: 02-04-97 □ Declared <input checked="" type="checkbox"/> Verified
Address: C/o Rambaug Colony, kothrud, Pune			
House No./ Bldg./ Apt: 007		Street/ Road/ Lane: MIT-College Road	
6	Landmark: Maak Land	Area/ Locality/ Sector: kothrud	
Village/ Town/ City: Paabhani		Post Office: Post - office	
District: Paabhani		Sub-District: Rajesthan	State: Maharashtra
E-Mail: JD@gpay.com		Mobile No.: +91-0147 1689	PIN Code: 431041
7	Details of: <input checked="" type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Husband <input type="checkbox"/> Wife <small>For children below 5 years Father/Mother/Guardian's details are mandatory. Adults can opt not to specify this information.</small>		
Name: Madhu Malpani			
EID/ Aadhaar No.: 5858-7432-1476			
Verification Type: <input type="checkbox"/> Document Based <input checked="" type="checkbox"/> Introducer Based <input type="checkbox"/> Head of Family (HoF) Based			
Select only one of the above. Select Introducer or Head of Family only if you do not possess any documentary proof of identity and/or address. Introducer and Head of Family details are not required in case of Document based verification.			
8	For Document Based (Write Names of the documents produced. Refer overleaf of this form for list of valid documents)		
a.	POI 431401	b.	POA 417516B32
c.	DOB 02/04/1997 <small>(Mandatory in case of Verified Date of Birth)</small>	d.	POR ASDI45 <small>(Mandatory in case of HoF based Enrolment/ Update)</small>
9	For Introducer Based – Introducer's Aadhaar No.:	For HoF Based - Details of: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Husband <input type="checkbox"/> Wife HoF's EID/ Aadhaar No.: B17-431-8A6-B27	
I hereby confirm the identity and address of Named Jagdish as being true, correct and accurate.			
Introducer/ HoF's Name: Vijay chouhan		Signature of Introducer/ HoF	

Disclosure under section 3(2) of THE AADHAAR (TARGETED DELIVERY OF FINANCIAL AND OTHER SUBSIDIES, BENEFITS AND SERVICES) ACT, 2016

I confirm that I have been residing in India for at least 182 days in the preceding 12 months / I am Non Resident Indian (NRI) & information (including biometrics) provided by me to the UIDAI is my own and is true, correct and accurate. I am aware that my information including biometrics will be used for generation of Aadhaar and authentication. I understand that my identity information (except core biometric) may be provided to an agency only with my consent during authentication or as per the provisions of the Aadhaar Act. I have a right to access my identity information (except core biometrics) following the procedure laid down by UIDAI.

Verifier's Stamp and Signature:

(Verifier must put his/ her Name, if stamp is not available) **GOVT. EMPLOYEE**

Applicant's signature/ Thumbprint

To be filled by the Enrolment Agency only:

Date & time of Enrolment:

22/14/2098

Note: In case of minor, the signature will be done by parent/guardian. In case of incapacitated person, the signature will be done by Legal Guardian of Incapacitated Person

* In case of NRI, only Indian Passport will be valid as POI.



Under Section 3 of THE AADHAAR (TARGETED DELIVERY OF FINANCIAL AND OTHER SUBSIDIES, BENEFITS AND SERVICES) ACT, 2016 (Aadhaar Act)

AADHAAR ENROLMENT/ CORRECTION/ UPDATE FORM

Aadhaar Enrolment and Mandatory Biometric Update is free. No charges are applicable for Form. In case of Correction/ Update, provide your Aadhaar Number (UID), Full Name and only that field which needs Correction/ Update.

Resident Non-Resident Indian (NRI*) Please follow the instructions overleaf while filling up the form. Use capital letters only.

1	Pre Enrolment ID (If applicable):	2	In case of Update provide Aadhaar Number (UID):
2.1	<input type="checkbox"/> Biometric Update (Photo + Fingerprint + Iris) <input type="checkbox"/> Mobile <input type="checkbox"/> Date of Birth <input type="checkbox"/> Address <input type="checkbox"/> Name <input type="checkbox"/> Gender <input type="checkbox"/> Email		
3	Full Name: SHWETA D. K.		
4	Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Transgender	5	Age: 30 Yrs OR Date of Birth: 05/10/2001 <input type="checkbox"/> Declared <input checked="" type="checkbox"/> Verified
6	Address: C/o D. K. VIJAY		
	House No./ Bldg./ Apt: 101, A-3 B		Street/ Road/ Lane: S. B. Road
	Landmark: Vetal Chowk		Area/ Locality/ Sector:
	Village/ Town/ City: Pune		Post Office: 411004
	District: Pune	Sub-District: Pune	State: Maharashtra
E-Mail: shweta@gmail.com		Mobile No.: 9379461610	
PIN Code: 411004			
7	Details of: <input checked="" type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Husband <input type="checkbox"/> Wife <i>For children below 5 years Father/Mother/Guardian's details are mandatory. Adults can opt not to specify this information.</i>		
Name: P. K. NAIR			
EID/ Aadhaar No.:			
Verification Type: <input checked="" type="checkbox"/> Document Based <input type="checkbox"/> Introducer Based <input type="checkbox"/> Head of Family (HoF) Based			
Select only one of the above. Select Introducer or Head of Family only if you do not possess any documentary proof of identity and/or address. Introducer and Head of Family details are not required in case of Document based verification.			
8	For Document Based (Write Names of the documents produced. Refer overleaf of this form for list of valid documents)		
a.	POI	b.	POA
c.	DOB <i>(Mandatory in case of Verified Date of Birth)</i>	d.	POR <i>(Mandatory in case of HoF based Enrolment/ Update)</i>
9	For Introducer Based – Introducer's Aadhaar No.: 491969101710	For HoF Based - Details of: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Husband <input type="checkbox"/> Wife HoF's EID/ Aadhaar No.:	
I hereby confirm the identity and address of SHWETA D.K. as being true, correct and accurate.			
Introducer/ HoF's Name:		Signature of Introducer/ HoF	

Disclosure under section 3(2) of THE AADHAAR (TARGETED DELIVERY OF FINANCIAL AND OTHER SUBSIDIES, BENEFITS AND SERVICES) ACT, 2016

I confirm that I have been residing in India for at least 182 days in the preceding 12 months / I am Non Resident Indian (NRI) & information (including biometrics) provided by me to the UIDAI is my own and is true, correct and accurate. I am aware that my information including biometrics will be used for generation of Aadhaar and authentication. I understand that my identity information (except core biometric) may be provided to an agency only with my consent during authentication or as per the provisions of the Aadhaar Act. I have a right to access my identity information (except core biometrics) following the procedure laid down by UIDAI.

Verifier's Stamp and Signature:

(Verifier must put his/ her Name, if stamp is not available)

Applicant's signature/ Thumbprint

To be filled by the Enrolment Agency only:

Date & time of Enrolment: August 24, 2022

Note: In case of minor, the signature will be done by parent/guardian. In case of incapacitated person, the signature will be done by Legal Guardian of Incapacitated Person
* In case of NRI, only Indian Passport will be valid as POI.



Under Section 3 of THE AADHAAR (TARGETED DELIVERY OF FINANCIAL AND OTHER SUBSIDIES, BENEFITS AND SERVICES) ACT, 2016 (Aadhaar Act)

AADHAAR ENROLMENT/ CORRECTION/ UPDATE FORM

Aadhaar Enrolment and Mandatory Biometric Update is free. No charges are applicable for Form. In case of Correction/ Update, provide your Aadhaar Number (UID), Full Name and only that field which needs Correction/ Update.

Resident Non-Resident Indian (NRI*) Please follow the instructions overleaf while filling up the form. Use capital letters only.

1	Pre Enrolment ID (If applicable): I00617	2	In case of Update provide Aadhaar Number (UID): 8634 1421 3469
2.1	<input type="checkbox"/> Biometric Update (Photo + Fingerprint + Iris) <input type="checkbox"/> Mobile <input checked="" type="checkbox"/> Date of Birth <input checked="" type="checkbox"/> Address <input checked="" type="checkbox"/> Name <input type="checkbox"/> Gender <input type="checkbox"/> Email		
3	Full Name: Sudarshan Sadashiv Adivarekar		
4	Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	5	Age: 25 Yrs OR Date of Birth: <input type="checkbox"/> Declared <input checked="" type="checkbox"/> Verified
6	Address: C/o Bardhan BK, Pune		
	House No./ Bldg./ Apt: Flat no. 301		Street/ Road/ Lane: Uttamnagar
	Landmark: Crystal Honda		Area/ Locality/ Sector: Bardhan
	Village/ Town/ City: Bardhan BK		Post Office: Bardhan
	District: Pune	Sub-District:	State: Maharashtra
E-Mail: sudarshan@gmail.com	Mobile No.: 7822981914	PIN Code: 411021	
7	Details of: <input checked="" type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Husband <input type="checkbox"/> Wife <small>For children below 5 years Father/Mother/Guardian's details are mandatory. Adults can opt not to specify this information.</small>		
Name: S R Adivarekar			
EID/ Aadhaar No.: 2164 9182 9861			
Verification Type: <input checked="" type="checkbox"/> Document Based <input type="checkbox"/> Introducer Based <input type="checkbox"/> Head of Family (HoF) Based Select only one of the above. Select Introducer or Head of Family only if you do not possess any documentary proof of identity and/or address. Introducer and Head of Family details are not required in case of Document based verification.			
8	For Document Based (Write Names of the documents produced. Refer overleaf of this form for list of valid documents)		
a.	POI PAN CARD	b.	POA
c.	DOB (Mandatory in case of Verified Date of Birth) AADHAR	d.	POR (Mandatory in case of HoF based Enrolment/ Update)
9	For Introducer Based – Introducer's Aadhaar No.: 1234 8457 6124	For HoF Based - Details of: <input checked="" type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Husband <input type="checkbox"/> Wife HoF's EID/ Aadhaar No.: 7854 9421 2864	
I hereby confirm the identity and address of _____ as being true, correct and accurate.			
Introducer/ HoF's Name:		Signature of Introducer/ HoF	

Disclosure under section 3(2) of THE AADHAAR (TARGETED DELIVERY OF FINANCIAL AND OTHER SUBSIDIES, BENEFITS AND SERVICES) ACT, 2016
 I confirm that I have been residing in India for at least 182 days in the preceding 12 months / I am Non Resident Indian (NRI) & information (including biometrics) provided by me to the UIDAI is my own and is true, correct and accurate. I am aware that my information including biometrics will be used for generation of Aadhaar per the provisions of the Aadhaar Act. I have a right to access my identity information (except core biometric) may be provided to an agency only with my consent during authentication or as

Verifier's Stamp and Signature:

(Verifier must put his/ her Name, if stamp is not available)

Applicant's signature/ Thumbprint

To be filled by the Enrolment Agency only:

Date & time of Enrolment:

Note: In case of minor, the signature will be done by parent/guardian. In case of incapacitated person, the signature will be done by Legal Guardian of Incapacitated Person
 * In case of NRI, only Indian Passport will be valid as POI.