|   | NI/ UPDATE (TO                     | BE USED C  | NLY AS PROOF                  | OF ADDRESS*)             |                              |
|---|------------------------------------|--|-------------------------------|--------------------------|------------------------------|
| Instructions. All details to be filled in Block Letters   |                                    |  |                               | (To be valid for         | 3 months from date of issue) |
| To be printed on plain A4 pape  | er size, Not required to be printe | d on letter head;  |                               | 24 06                    | 5 2023                       |
| Resident's Details  |                                    |  |                               |                          |                              |
|   | Resident                           | on-Resident Indian (NR   | 1)                            | New Enrolment            | Update Request               |
| Aadhaar Number:<br>(For update only)  | 2544 2114 0156                     |  |                               |                          |                              |
| Full Name:  | KRISHNA KANESH                     |  |                               |                          |                              |
|   | 001100                             | 010' 1011  |                               |                          |                              |
| C/o:  | OO UDAYSINGH.                      |  |                               |                          |                              |
| House No./ Bldg./ Apt:  | 00                                 |  |                               |                          |                              |
| Street/ Road/ Lane:   | BAJAR FALIMA                       |  |                               |                          |                              |
| Landmark:   | PANMAHUDI                          |  |                               |                          |                              |
| Area/ Locality/ Sector:   | PANMAHUDI                          |  |                               |                          |                              |
| Village/ Town/ City:  | BAJAR FALIVA PANMAHUDT             |  |                               |                          |                              |
| Post Office:  | FULMAL                             |  |                               |                          |                              |
| District:   | ALTRAJPUR                          |  |                               |                          |                              |
| State:  | 8141089637                         |  |                               |                          |                              |
|   |                                    |  |                               |                          |                              |
| PIN Code:   | 457888                             |  | Topa                          | OTT                      | Adasie                       |
| Date of Birth:  | 01 01 0                            | 2011   | Signature of the Thumb/ Finge |                          | BONSARA KANESH 14 DA 2023    |
| Certifier's Details (To be filled by the certifier Only)  |                                    |  |                               |                          |                              |
| Name of the Certifier:  | Roshan Kush                        |  | uzukul                        | Internal                 | ional Public                 |
| Designation:  | Bajax fal                          | iya. Tha   | rkali                         | Aulma                    |                              |
| Office Address:   | Kumbhi Road Sharkali Fulmal. Dist. |  |                               |                          |                              |
|   | Alixas Par                         |  | P)                            |                          |                              |
| Contact Number:   | 6364477192                         | 136285   | 11315                         |                          |                              |
| I hereby certify above mentioned details of the resident and I am a (Tick appropriate box below)                          |                                    | Checklist for Certifier  No overwriting Sissue date is filled Resident's signature Certifier's details |                               |                          |                              |
| Gazetted Officer - Grou   | up A                               |  |                               | oss stamped (paper to ph |                              |
| Village Panchayat Hear  |                                    |  |                               |                          |                              |
| Gazetted Officer - Group B  |                                    | TRKUM98  |                               |                          |                              |
| MP/ MLA/ MLC/ Municipal Councillor  |                                    | Head Mediat  |                               |                          |                              |
| Tehsildar Tehsildar   |                                    | GAR School   |                               |                          |                              |
| Head of Recognized Educational Institution  |                                    | Fulmel Clast Alirajour (M.F.)  |                               |                          |                              |
| Superintendent/ Warden/ Matron/ Head of Institution of Recognized shelter homes/ Orphanages                               |                                    | Dice (230 u030010)   |                               |                          |                              |
| EPFO Officer  |                                    |  | & Stamp of the Certifier      |                          |                              |
| *To be used as Proof of Identify (Pol) only in specific cases as mentioned in the list of applicable supporting documents |                                    |  |                               |                          |                              |