CERTIFICATE FOI	R AADHAAR ENROLMEN	NT/ UPDATE (TO I	RE LISED ON	Y AS PROOF	OFACE
Instructions. All details to be fill	led in Block Letters	., 5, 5, 1, 2 (1, 5)	JE OJED OM	(To be valid fo	or 3 months from date of issue)
To be printed on plain A4 paper	size; Not required to be printed	d on letter head;		24 0	6 2023
		Resident's Details	1977	The Party of the P	
	Resident	on-Resident Indian (NRI)	Пи	ew Enrolment	Update Request
Aadhaar Number: (For update only)	8338 10	63 732	1		
Full Name:	LAXMI	KOTHA	RI		
C/o:	PINKE	SH KO	THARI		
House No./ Bldg./ Apt:	00				
Street/ Road/ Lane:	PATEL FALIYA				
Landmark:	BADDE	ILI			
Area/ Locality/ Sector:	BADNALI				
Village/ Town/ City:	GRAM BADDALI				
Post Office:	FULM				
District:	ALIRAJPUR				
State:	M.P				
	78282758	06	0		-
PIN Code:	457888		लक्षा		7. 100
Date of Birth:	06 01 3	2013	Signature of the Thumb/ Finger In		
	Certifier's Detai	ls (To be filled by t	the certifier C	Only)	जनपद वंशाय
Name of the Certifier:	PARSHURAM	TOMAR			
Designation:	SACHI				
Office Address:	GRAM PA	NCHAYAT	T BA	DDA	
Contact Number:	9753806	348			
hereby certify above ment and I am a (Tick appropriat	tioned details of the resident te box below)	☐ No overwriting		t for Certifier	gnature Certifier's details
Gazetted Officer - Grou	рА	Resident's Photo is cr	oss signed and cros	s stamped (paper t	to photo or photo to paper)
Village Panchayat Head or Mukhiya  Gazetted Officer - Group B			^	- <b>\</b>	
MP/ MLA/ MLC/ Municipal Councillor			10/	12/	-
Tehsildar			72	Ma	
Head of Recognized Educational Institution  Superintendent/ Warden/ Matron/ Head of Institution		ज्ञान पंचायत बढ्या			
of Recognized shelter homes/ Orphanages  EPFO Officer		अन्यद पंचायत स्तोग्रङ्ग Signature & Stamp of the Certifier			
	(Pol) only in specific cases as mention	ned in the list of applicable	supporting docume	ents.	