

## Consent Form

### Consent for MoHFW (To be obtained from beneficiary)

I, \_\_\_\_\_, the holder of Aadhaar number \_\_\_\_\_, hereby give my consent to MoHFW/State Government to use my Aadhaar number, biometric etc. for electronic/paperless Know Your Customer (eKYC) data with UIDAI for all government programmes/services in health and nutrition sector. I also give my consent for sharing of my Aadhaar number with other concerned State/Central government departments/organisations for the purpose of authentication. MoHFW/State Government has informed me that my biometrics will not be stored/shared and will be utilised only for the purpose of authentication.

Date:

Signature/Thumb Impression

Place: