

CERTIFICATE FOR AADHAAR ENROLMENT/ UPDATE (TO BE USED ONLY 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 paper size;

Not required to be printed on letter head;

15 06 2024

Resident's Details

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

Aadhaar Number:
(For update only)

4 6 5 0 3 3 1 2 8 8 1 8

Full Name:

K R I S H N A M U R A R I

C/o:

R A J N A T H P A N D I T

House No./ Bldg./ Apt:

Street/ Road/ Lane:

Landmark:

NEAR STATE BANK OF INDIA

Area/ Locality/ Sector:

BABU BAZAR

Village/ Town/ City:

F A Z I L N A G A R

Post Office:

F A Z I L N A G A R

District:

K U S H I N A G A R

State:

U T T A R P R A D E S H



अध्यक्ष
नगर पंचायत फाजिलनगर
जनपद-कशीनगर

PIN Code:

2 7 4 4 0 1

Date of Birth:

2 1 1 0 2 0 0 6

Krishna murari:

Signature of the Resident
Thumb/ Finger Impression

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

Name of the Certifier:

S H A T R U M A R D A N S H A H I

Designation:

C H A I R M A N F A Z I L N A G A R

Office Address:

N P O P P I C E F A Z I L N A G A R

K U S H I N A G A R

Contact Number:

9 1 4 0 8 1 3 5 8 2

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/ Municipal Councillor
☐ 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)

अध्यक्ष

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जनपद-कशीनगर

Signature & Stamp of the Certifier

*To be used as Proof of Identify (PoI) only in specific cases as mentioned in the list of applicable supporting documents.