

CERTIFICATE FOR AADHAAR ENROLMENT/ UPDATE

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 print on letter head;

30 09 2024

Resident's Details

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

Aadhaar Number:
(For update only)

296413213066

Full Name:

SHIBANGI KUMARI SHAW

C/o:

BHIM SHAW

House No./ Bldg./ Apt:

Street/ Road/ Lane:

Landmark:

Area/ Locality/ Sector:

Village/ Town/ City:

CHANDRADIH, CHAKALTORE, TAMNA, PURULIA.

Post Office:

CHAKALTORE.

District:

PURULIA.

State:

WEST BENGAL.

PIN Code:

723101.

Date of Birth:

26 04 2016

Shibangi Kumari
Shaw

Signature of the Resident/
Thumb/ Finger Impression



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

Name of the Certifier:

CHAMPA MANDAL

Designation:

PRADHAN

Office Address:

VILL- CHAKALTORE P.S- TAMNA
DIST- PURULIA

Contact Number:

8159994016

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 Councilor
☐ 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)

Champa Mandal

Pradhan
Chakaltore Gram Panchayat
Purulia-1 Panchayat Samity

Signature & Stamp of the Certifier

NOTE: This format is applicable for POI documents at Sl. Nos. 17, 20, 21, 22, 31 & 32; POA documents at Sl. Nos. 23, 24, 37, 38, 44 & 45; POR documents at Sl. Nos. 13 & 14 DOB documents at Sl. Nos. 4, 5, 14 & 15 of Schedule II of the Aadhaar (Enrolment and Update) Regulations, 2016, as amended from time to time.