CERTIFICATE FOR AADHAAR ENROLMENT/ UPDATE		
Instructions: All details to be f	lled in Block Letters	(To be valid for 3 months from date of issue)
To be printed on plain A4 pape	r size; Not required to print on letter head;	07 10 2024
	Resident's D	etails
	Resident Non-Resident India	n (NRI) New Enrolment . Update Request
Aadhaar Number: (For update only)	990955991	0946
Full Name:	SONU KUMA	1 R
C/o:	JITU SAW	
House No./ Bldg./ Apt:		
Street/ Road/ Lane:	DEVI DARS	HAN ROAD
Landmark:	NEAR SHIN	MANDIR
Area/ Locality/ Sector:	IVAUAZIAV	NAHAR
Village/ Town/ City:	METLATU	
Post Office:	NEDRI VIK	Z A Z
District:	RANCHI	
State:	JHARKHAN 1	
PIN Code:	835217	Soay Lomas
Date of Birth:	01011992	Signature of the Resident/ Thumb/ Finger Impression
	Certifier's Details (To be filled	by the certifier Only) अख्य कार्क कार्क , रॉबी (डारखण्ड)
Name of the Certifier:		
Designation: MUKHIYA		
Office Address:	KEDAL PO-NEORIVIKAS PS-SADAR	
	RANCHI THARKHAND	
Contact Number: 7707021238		
I hereby certify above mentioned details of the resident and I am a (Tick appropriate box below) No overwriting I lessue date is filled Resident's signature Certifier's details		
Gazetted Officer - Group A Resident's Photo is cross signed and cross stamped (paper to photo or photo to paper) Village Panchayat Head or Mukhiya		
Village Panchayat Head or Mukhiya Gazetted Officer - Group B MP/ MLA/ MLC/ Muncipal Councilor प्राम पंचायत - केदल प्यायत - केदल प्राम पंचायत - केदल प्चायत - केदल प्राम पंचायत - केदल प्चायत - केदल प्राम पंचायत - केदल प्च		
☐ MP/ MLA/ MLC/ Muncipal Councilor ☐ Tehsildar ☐ Tehsildar ☐ Tehsildar		
Head of Recognized Educational Institution		
Superintendent/ Warden/ Matron/ Head of Institution of Recognized shelter homes/ Orphanages		

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

EPFO Officer

Signature & Stamp of the Certifier