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March 18 5 E / SE	Resident's Details Resident Non-Resident Indian (NRI) New Enrolment Update Reques
adhaar Number: For update only)	459597208981
ull Name:	CHANDAN KUMAR
/o:	RAM PRASAD THAKUR
louse No./ Bldg./ Apt:	
treet/ Road/ Lane:	
andmark:	PSRANKA
Area/ Locality/ Sector:	WARD 10
/illage/ Town/ City:	KANCHANPUR
Post Office:	RANKA RAJ
District:	OT A R H W A
State:	JHARKHAND
PIN Code:	8 7 2 1 2 5 Chandan Kumar
Date of Birth:	2 5 0 6 1 9 9 2 Signature of the Resident/ Thumb/ Finger Impression
ate of Birth:	2 5 0 6 1 9 9 2 Signature of the Resident/ Thumb/ Finger Impression 19834 Certifier's Details (To be filled by the certifier Only)
Date of Birth:	2 5 0 6 1 9 9 2 Thumb/ Finger Impression 19834
	Certifier's Details (To be filled by the certifier Only)
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Name of the Certifier: Designation:	Certifier's Details (To be filled by the certifier Only) VINOD KUMAR U COY CDR
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lame of the Certifier: Designation: Office Address: Contact Number: hereby certify above mend I am a (Tick appropriate of the Certifical Contact of the Certifier: Gazetted Officer - Gr	Certifier's Details (To be filled by the certifier Only) VINOD KUMARU COYCDR MILITARY HOSPITAL NA MKUM TEL MIL-6519 entioned details of the resident riate box below) roup A ead or Mukhiya Thumb/ Finger Impression 19834 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)
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Name of the Certifier: Designation: Office Address: Contact Number: hereby certify above mend I am a (Tick appropriate of	Certifier's Details (To be filled by the certifier Only) VINOD KUMARU COYCDR MILITARY HOSPITAL NA MKUM TEL MIL-6519 entioned details of the resident riate box below) roup A ead or Mukhiya roup B incipal Councilor Educational Institution
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CERTIFICATE FOR AADHAAR ENROLMENT/ UPDATE

Instructions: All details to be filled in Block Letters

(To be valid for 3 months from date of issue)