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 pape	er size; Not required to print o	on letter head;	0 1 0 8	2025
		Resident's Details		
	Resident	Non-Resident Indian (NRI)	New Enrolment	Update Request
Aadhaar Number: (For update only)	6 3 0 9 9	5 6 5 1 9 0	6	
Full Name:	CHRIS	TOPHER	JOSE	PH
C/o:	TERAN	CIEI JOS	EPH	
House No./ Bldg./ Apt:	FLAT	NOAB P	REM5H	REE
Street/ Road/ Lane:	TOWER	NIIVAR	ANPUR	
Landmark:	NINAR	AINIPIUR		
Area/ Locality/ Sector:				
Village/ Town/ City:	RIAINICH	T = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =		
Post Office:	RIAINICH			
District:	RIAINICIH	T and the tent of		
State:	JHARK	HAND		
PIN Code:	83400	i Andrews	At	
Date of Birth:			re of the Resident/ / Finger Impression	The Chice
	Certifier's Deta	ails (To be filled by the certi	ifier Only)	
Name of the Certifier:	ALOK	KUMAR	RAY	S. E. Ramway, Ranc
Designation:	A 5 5 1 5	TANTPE	RISONN	ELL
Office Address:	OFFIC	E R DIY	1 5 10 NA	
	RAILW	AYMAN	AGERO	FFICE.
Contact Number:	9 F F 1 4	8 4 6 0 1		
Gazetted Officer - Group A		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)		
Village Panchayat Head or Mukhiya Gazetted Officer - Group B				
MP/ MLA/ MLC/ Munc				
Tehsildar  Head of Recognized Ed	lucational Institution		) Joseph	

NOTE: This format is applicable for POI documents at SI. Nos. 17, 20, 21, 22, 31 & 32; POA documents at SI. Nos. 23, 24, 30, 38, 44 & 45; POR documents at SI. Nos. 13 & 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.

सहायक कामिक अधिकारी Asstt. Persignature & Stamp of the Certifier

Superintendent/ Warden/ Matron/ Head of Institution

of Recognized shelter homes/ Orphanages

**EPFO Officer**