

<b>CERTIFICATE FOR AADHAAR ENROLMENT/ UPDATE</b>	
<small>Instructions: All details to be filled in Block Letters</small> <div style="display: flex; justify-content: space-between;"> <div> <small>(To be valid for 3 months from date of issue)</small>  <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; padding: 2px 5px;">DD</div> <div style="border: 1px solid black; padding: 2px 5px;">MM</div> <div style="border: 1px solid black; padding: 2px 5px;">YY</div> </div> </div> <div> <small>To be printed on plain A4 paper size; Not required to print on letter head;</small> </div> </div>	
<b>Resident's Details</b>	
<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident Indian (NRI) <input type="checkbox"/> New Enrolment <input type="checkbox"/> Update Request	
<b>Aadhaar Number:</b> <small>(For update only)</small>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<b>Full Name:</b>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<b>C/o:</b>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<b>House No./ Bldg./ Apt:</b>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<b>Street/ Road/ Lane:</b>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<b>Landmark:</b>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<b>Area/ Locality/ Sector:</b>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<b>Village/ Town/ City:</b>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<b>Post Office:</b>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<b>District:</b>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<b>State:</b>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<b>PIN Code:</b>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<b>Date of Birth:</b>	<div style="display: flex; gap: 10px;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>
	<div style="border: 1px solid black; width: 100px; height: 80px; margin: 10px auto;"> <div style="position: absolute; top: 5px; left: 5px; font-size: 8px;">           Signature of the Resident/ Thumb/ Finger Impression         </div> </div>
	<div style="border: 1px solid black; padding: 5px; font-size: 8px;">           Resident's Recent Colour Photograph  <b>3.5cm x 4.5 cm</b>             Cross Signed and Cross Stamped by the Certifier.   <b>NB: DO NOT OVERLAP WITH TEXT BOXES</b> </div>
<b>Certifier's Details (To be filled by the certifier Only)</b>	
<b>Name of the Certifier:</b>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<b>Designation:</b>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<b>Office Address:</b>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<b>Contact Number:</b>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<b>I hereby certify above mentioned details of the resident and I am a....</b> <small>(Tick appropriate box below)</small>	<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between; font-size: 8px;"> <div> <input type="checkbox"/> Gazetted Officer - Group A  <input type="checkbox"/> Village Panchayat Head or Mukhiya  <input type="checkbox"/> Gazetted Officer - Group B  <input type="checkbox"/> MP/ MLA/ MLC/ Municipal Councillor  <input type="checkbox"/> Tehsildar  <input type="checkbox"/> Head of Recognized Educational Institution  <input type="checkbox"/> Superintendent/ Warden/ Matron/ Head of Institution of Recognized shelter homes/ Orphanages  <input type="checkbox"/> EPFO Officer           </div> <div style="text-align: center;"> <b>Checklist for Certifier</b>  <input type="checkbox"/> No overwriting                <input type="checkbox"/> Issue date is filled                <input type="checkbox"/> Resident's signature                <input type="checkbox"/> Certifier's details  <input type="checkbox"/> Resident's Photo is cross signed and cross stamped <i>(paper to photo or photo to paper)</i> </div> </div> <div style="border: 1px solid black; height: 100px; width: 100%; margin-top: 10px;"> <div style="position: absolute; bottom: 5px; right: 5px; font-size: 8px;">           Signature &amp; Stamp of the Certifier         </div> </div> </div>
<small>NOTE: This format is applicable for POI documents at Sl. Nos. 17, 20, 21, 22, 31 &amp; 32; POA documents at Sl. Nos. 23, 24, 37, 38, 44 &amp; 45; POR documents at Sl. Nos. 13 &amp; 14 DOB documents at Sl. Nos. 4, 5, 14 &amp; 15 of Schedule II of the Aadhaar (Enrolment and Update) Regulations, 2016, as amended from time to time.</small>	

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