

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;

D D

M M

Y Y Y Y

Resident's Details

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

Aadhaar Number:
(For update only)

Full Name:

C/o:

House No./ Bldg./ Apt:

Street/ Road/ Lane:

Landmark:

Area/ Locality/ Sector:

Village/ Town/ City:

Post Office:

District:

State:

PIN Code:

Date of Birth:

Signature of the Resident/
Thumb/ Finger Impression

Resident's Recent
Colour Photograph
3.5cm x 4.5 cm

Cross Signed and
Cross Stamped
by the Certifier.

**NB: DO NOT
OVERLAP WITH
TEXT BOXES**

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

Name of the Certifier:

Designation:

Office Address:

Contact Number:

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*)

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.

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14 10 2020

Resident's Details

<input checked="" type="checkbox"/> Resident	<input type="checkbox"/> Non-Resident Indian (NRI)	<input type="checkbox"/> New Enrolment	<input checked="" type="checkbox"/> Update Request
Aadhaar Number: (For update only)	1 2 3 4 5 6 7 8 9 0 1 2		
Full Name:	MOHAN KUMAR		
C/o:	MAHESH KUMAR		
House No./ Bldg./ Apt:	A- 312 / 5 ,		
Street/ Road/ Lane:	BLOCK - D4		
Landmark:	NEAR OXFORD LIBRARY		
Area/ Locality/ Sector:	MOHAN NAGAR		
Village/ Town/ City:	INDRAPURAM		
Post Office:	INDRAPURAM		
District:	DELHI		
State:	DELHI		
PIN Code:	1 1 0 0 0 1		
Date of Birth:	01 01 1990		

Signature of the Resident/
Thumb/ Finger Impression

Mohan

Attested &
Manoj Tiwari
14/10/20

OFFICE STAMP

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

Name of the Certifier:	MANOJ TIWARI
Designation:	DEPUTY DIRECTOR
Office Address:	MINISTRY OF HEALTH , ROOM No- 305 D, SHASTRI BHAWAN , NEW DELHI - 110001
Contact Number:	9876543210

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

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- ☒ Resident's Photo is cross signed and cross stamped (paper to photo or photo to paper)

Manoj Tiwari

उप-निदेशक / Dy. Director 14/10/20

OFFICE STAMP

Signature & Stamp of the Certifier

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