

# 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

Resident     Non-Resident Indian (NRI)     New Enrolment     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 - D 4

Landmark:

NEAR OXFORD LIBRARY

Area/ Locality/ Sector:

MOHAN NAGAR

Village/ Town/ City:

INDRAPURAM

Post Office:

INDRAPURAM

District:

DELHI

State:

DELHI

PIN Code:

110001

Mohan

Signature of the Resident/  
Thumb/ Finger Impression

Date of Birth:

01 01 1990



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- 305D,

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

Manoj Tiwari  
उपराजक/Dy. Director  
14/10/20

OFFICE STAMP

Signature & Stamp of the Certifier