

CERTIFICATE FOR AADHAAR ENROLMENT/ UPDATE											
<i>Instructions: All details to be filled in Block Letters</i>		<i>(To be valid for 3 months from date of issue)</i>									
<i>To be printed on plain A4 paper size; Not required to print on letter head;</i>		<input type="checkbox"/>	<input type="checkbox"/>								
<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											
Aadhaar Number: (For update only)		<input type="text"/>									
Full Name: <input type="text"/> <input type="text"/>											
C/o: <input type="text"/> <input type="text"/>											
House No./ Bldg./ Apt: <input type="text"/> <input type="text"/>											
Street/ Road/ Lane: <input type="text"/> <input type="text"/>											
Landmark: <input type="text"/> <input type="text"/>											
Area/ Locality/ Sector: <input type="text"/> <input type="text"/>											
Village/ Town/ City: <input type="text"/> <input type="text"/>											
Post Office: <input type="text"/> <input type="text"/>											
District: <input type="text"/> <input type="text"/>											
State: <input type="text"/> <input type="text"/>											
PIN Code: <input type="text"/> <input type="text"/>		Resident's Recent Colour Photograph 3.5cm x 4.5 cm Cross Signed and Cross Stamped by the Certifier.									
Date of Birth: <input type="text"/> <input type="text"/>		NB: DO NOT OVERLAP WITH TEXT BOXES Signature of the Resident/ Thumb/ Finger Impression									
<b>Certifier's Details (To be filled by the certifier Only)</b>											
Name of the Certifier: <input type="text"/> Designation: <input type="text"/> Office Address: <input type="text"/> Contact Number: <input type="text"/>											
I hereby certify above mentioned details of the resident and I am a.... (Tick appropriate box below) <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td><input type="checkbox"/> Gazetted Officer - Group A</td> <td><input type="checkbox"/> Village Panchayat Head or Mukhiya</td> <td><input type="checkbox"/> Gazetted Officer - Group B</td> <td><input type="checkbox"/> MP/ MLA/ MLC/ Municipal Councilor</td> </tr> <tr> <td><input type="checkbox"/> Tehsildar</td> <td><input type="checkbox"/> Head of Recognized Educational Institution</td> <td><input type="checkbox"/> Superintendent/ Warden/ Matron/ Head of Institution of Recognized shelter homes/ Orphanages</td> <td><input type="checkbox"/> EPO Officer</td> </tr> </table> <div style="text-align: center;">Checklist for Certifier</div> <div style="text-align: center;"><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 (paper to photo or photo to paper)</div> <div style="text-align: center;">Signature &amp; Stamp of the Certifier</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 Councilor	<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"/> EPO Officer
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<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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