

# 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;

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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 RequestAadhaar 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:

110001

Date of Birth:

01 01 1990

Mohan

Signature of the Resident/  
Thumb/ Finger ImpressionAttested &  
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  
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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 &amp; Stamp of the Certifier

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