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/ Muncipal 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 SI. Nos. 17, 20, 21, 22, 31 & 32; POA documents at SI. Nos. 23, 24, 37, 38, 44 & 45; POR documents at SI. Nos. 13 & 14 DOB documents at SI. Nos. 4, 5, 14 & 15 of Schedule II of the Aadhaar (Enrolment and Update) Regulations, 2016, as amended from time to time.

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;* 14 | 10 | 2020

Resident's Details

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

Aadhaar Number: (For update only) 1234 5678 9012

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 Impression

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-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/ Muncipal 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)*

Manoj Tiwari
उप निदेशक/Dy. Director 14/10/20

OFFICE STAMP

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.