

CERTIFICATE FOR AADHAAR ENROLMENT/ UPDATE (TO BE USED ONLY AS PROOF OF ADDRESS*)

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 be printed 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 ImpressionResident's Recent
Colour Photograph
3.5cm x 4.5 cmCross 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 Councillor
- ☐ 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

*To be used as Proof of Identify (PoI) only in specific cases as mentioned in the list of applicable supporting documents.

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12

07

2022

Resident's Details☒ Resident ☐ Non-Resident Indian (NRI) ☐ New Enrolment ☒ Update RequestAadhaar Number:
(For update only)

123456789012

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:

GHAZIABAD

State:

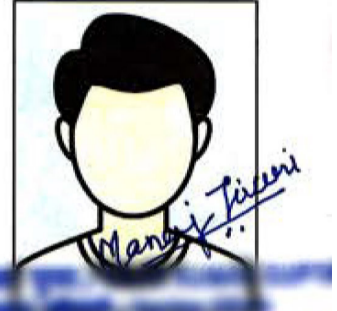
UTTAR PRADESH

PIN Code:

201007

Date of Birth:

01/01/1990

Signature of the Resident
Thumb/ Finger Impression**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:

987854XXXX

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

Signature & Stamp of the Certifier