

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;

1 3

1 0

2 0 2 2

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:

R A J E S H K U M A R

C/o:

S A N J E E V K U M A R

House No./ Bldg./ Apt:

2 4 5

Street/ Road/ Lane:

V Y A S C O L O N Y

Landmark:

N E A R G O V T S C H O O L

Area/ Locality/ Sector:

Village/ Town/ City:

J O D H P U R

Post Office:

J O D H P U R

District:

J O D H P U R

State:

R A J A S T H A N

PIN Code:

3 4 2 0 0 1

Date of Birth:

1 2 0 8 1 9 9 0

Signature of the Resident/
Thumb/ Finger Impression



Certifier's Details (To be filled by the certifier Only)

Name of the Certifier:

V I N O D S H A R M A

Designation:

S D O

Office Address:

S D O O F F I C E

C O L L E C T R A T E C A M P U S

Contact Number:

9 8 X X X X X X X X

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. No. 23, POA documents at Sl. No. 28, & DOB documents at Sl. No. 12 of Schedule II of the Aadhaar (Enrolment & Update) Regulations, 2016, as amended from time to time.



AADHAAR ENROLMENT/ CORRECTION/ UPDATE FORM

Aadhaar Enrolment and Mandatory Biometric Update is free. No charges are applicable for Form. In case of Correction/ Update, provide your Aadhaar Number (UID), Full Name and only that field which needs Correction/ Update.

☒ Resident ☐ Non-Resident Indian (NRI*) **Please follow the instructions overleaf while filling up the form. Use capital letters only.**

1	Pre Enrolment ID (If applicable):		2	In case of Update provide Aadhaar Number (UID): 1 2 3 4 5 6 7 8 9 0 1 2	
2.1	<input checked="" type="checkbox"/> Biometric Update (Photo + Fingerprint + Iris) <input checked="" type="checkbox"/> Mobile <input type="checkbox"/> Date of Birth <input checked="" type="checkbox"/> Address <input type="checkbox"/> Name <input type="checkbox"/> Gender <input type="checkbox"/> Email				
3	Full Name: RAJESH KUMAR				
4	Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender		5	Age: Yrs OR Date of Birth: 12 08 1990 <input type="checkbox"/> Declared <input checked="" type="checkbox"/> Verified	
6	Address: C/o SANJEEV KUMAR				
	House No./ Bldg./ Apt: 245		Street/ Road/ Lane: VYAS COLONY		
	Landmark: NEAR GOVT SCHOOL		Area/ Locality/ Sector:		
	Village/ Town/ City: JODHPUR		Post Office: JODHPUR		
	District: JODHPUR		Sub-District: JODHPUR		State: RAJASTHAN
	E-Mail: demo@gmail.com		Mobile No.: 9876543210		PIN Code: 3 4 2 0 0 1
7	Details of: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Husband <input type="checkbox"/> Wife <small>For children below 5 years Father/Mother/Guardian's details are mandatory. Adults can opt not to specify this information.</small>				
	Name:				
	EID/ Aadhaar No.: dd mm yyyy hh : mm : ss 				
Verification Type: <input type="checkbox"/> Document Based <input type="checkbox"/> Introducer Based <input type="checkbox"/> Head of Family (HoF) Based Select only one of the above. Select Introducer or Head of Family only if you do not possess any documentary proof of identity and/ or address. Introducer and Head of Family details are not required in case of Document based verification.					
8	For Document Based (Write Names of the documents produced. Refer overleaf of this form for list of valid documents)				
a. POI : PAN CARD/ E-PAN			b. POA: RATION CARD		
c. DOB : <small>(Mandatory in case of Verified Date of Birth)</small>			d. POR : <small>(Mandatory in case of HoF based Enrolment/ Update)</small>		
9	For Introducer Based – Introducer's Aadhaar No.:		For HoF Based - Details of : <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Husband <input type="checkbox"/> Wife HoF's EID/ Aadhaar No.: dd mm yyyy hh : mm : ss 		
	I hereby confirm the identity and address of RAJESH KUMAR as being true, correct and accurate.				
Introducer/ HoF's Name:			Signature of Introducer/ HoF		

Disclosure under section 3(2) of THE AADHAAR (TARGETED DELIVERY OF FINANCIAL AND OTHER SUBSIDIES, BENEFITS AND SERVICES) ACT, 2016

I confirm that I have been residing in India for at least 182 days in the preceding 12 months / I am Non Resident Indian (NRI) & information (including biometrics) provided by me to the UIDAI is my own and is true, correct and accurate. I am aware that my information including biometrics will be used for generation of Aadhaar and authentication. I understand that my identity information (except core biometric) may be provided to an agency only with my consent during authentication or as per the provisions of the Aadhaar Act. I have a right to access my identity information (except core biometrics) following the procedure laid down by UIDAI.

Verifier's Stamp and Signature:

(Verifier must put his/ her Name, if stamp is not available)

Applicant's signature/ Thumbprint

To be filled by the Enrolment Agency only:

Date & time of Enrolment: _____

Note: In case of minor, the signature will be done by parent/guardian. In case of incapacitated person, the signature will be done by Legal Guardian of Incapacitated Person

*** In case of NRI, only Indian Passport will be valid as POI.**