| 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 pape   | er size; Not required to print o     | on letter head;   | 14                                      | 0 2020         |  |
| Resident's Details   |                                      |   |   |                |  |
|  | Resident                             | Non-Resident Indian (NRI)   | New Enrolment                           | Update Request |  |
| Aadhaar Number:<br>(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:  | DELHI                                |   |   |                |  |
| State:   | DELHI                                |   |   |                |  |
|  | MITTON                               |   |   |                |  |
| PIN Code:  | 110001                               | M,  | shar                                    | / Must wrong   |  |
| Date of Birth:   | 01 01                                |   | e of the Resident/<br>Finger Impression | 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,  |   |   |                |  |
|  | SHAST RI 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                                 |                                      | Checklist for Certifier  No overwriting Sue 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) |   |                |  |
| <ul> <li>Village Panchayat Head or Mukhiya</li> <li>☐ Gazetted Officer - Group B</li> <li>☐ MP/ MLA/ MLC/ Muncipal Councilor</li> <li>☐ Tehsildar</li> </ul> |                                      | Many Tiwasi  But Agricult 10 20   |   |                |  |
| Head of Recognized Educational Institution  Superintendent/ Warden/ Matron/ Head of Institution  |                                      | OFFICE STAMP  |   |                |  |
| of Recognized shelter homes/ Orphanages  EPFO Officer  |                                      | 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.