



CERTIFICATE FOR AADHAAR ENROLMENT OF DESTITUTE PERSON WITH DISABILITY, ABOVE 18 YEARS OF AGE

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

Note: To be used as Proof of Identify (PoI) and Proof of Address (PoA) only in the case of destitutes above 18 years with disability.

INDIVIDUAL SEEKING TO ENROL DETAILS

Full Name:												
House No./ Bldg./ Apt:												
Street/ Road/ Lane:												
Landmark:												
Area/ Locality/ Sector:												
Village/ Town/ City:												
Post Office:												
District:												
State:												
PIN Code:												
Date of Birth: (Declared/Estimated)												
Signature/ Thumb/ Finger Impression of Individual Seeking to Enrol												
Individual Seeking to Enrol Recent Colour Passport-Size Photograph. Cross Signed and Cross Stamped by District Social Welfare Officer/ Equivalent rank Officer NB: DO NOT OVERLAP WITH TEXT BOXES.												

CERTIFIER'S DETAILS (TO BE FILLED BY THE HEAD OF THE SHELTER HOME)

Name of the Initiator:												
Designation:												
Office Address:												
Contact Number:												
CHECKLIST FOR CERTIFIER	<input type="checkbox"/> No overwriting <input type="checkbox"/> Issue date is filled <input type="checkbox"/> Resident's signature <input type="checkbox"/> Certifier's details <input type="checkbox"/> Resident's Photo is cross signed and cross stamped (paper to photo or photo to paper)											
Signature & Stamp of the Head of the Shelter Home												

CERTIFIER'S DETAILS (TO BE FILLED BY DISTRICT SOCIAL WELFARE OFFICER/ EQUIVALENT RANK OFFICER)

Name of the Certifier:												
Designation:												
Office Address:												
Contact Number:												
CHECKLIST FOR CERTIFIER	<input type="checkbox"/> No overwriting <input type="checkbox"/> Issue date is filled <input type="checkbox"/> Resident's signature <input type="checkbox"/> Certifier's details <input type="checkbox"/> Resident's Photo is cross signed and cross stamped (paper to photo or photo to paper)											
Signature & Stamp of the District Social Welfare Officer/ Equivalent rank Officer												

☐ We jointly certify the credentials of the person stated above and that the person is eligible for obtaining Aadhaar as per section 2(v) and 3 of The Aadhaar (Targeted Delivery of Financial and Other Subsidies, Benefits and Services) Act, 2016