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; **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: Resident's Recent Colour Photograph State: 3.5cm x 4.5 cm Cross Signed and Cross Stamped by the Certifier. PIN Code: NB: DO NOT **OVERLAP WITH TEXT BOXES** Signature of the Resident/ Date of Birth: Thumb/ Finger Impression Certifier's Details (To be filled by the certifier Only) Name of the Certifier: Designation: Office Address: **Contact Number: Checklist for Certifier** I hereby certify above mentioned details of the resident and I am a.... (Tick appropriate box below) ☐ Issue date is filled ☐ Resident's signature ☐ Certifier's details ■ No overwriting Resident's Photo is cross signed and cross stamped (paper to photo or photo to paper) 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 Signature & Stamp of the Certifier **EPFO Officer**

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.

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To be printed on plain A4 pape	n letter head;		1 4	10	202	0	
	《一本》,"在本好表现的是知识的	Resident's Det	ails				
	Resident	Non-Resident Indian (NRI)	New Enrolme	nt	Update Re	equest
Aadhaar Number: (For update only)	12345	67890	12			- ,,,,,	
Full Name:	MOHAN KUMAR						
C/o:	MAHESH	KUMAR					
House No./ Bldg./ Apt:	A-312/5	1					
Street/ Road/ Lane:	BLOCK - D	4			1		
Landmark:	NEAR OXFORD LIBRARY						
Area/ Locality/ Sector:	MOHAN N	AGAR					
Village/ Town/ City:	INDRAPUR	AM					
Post Office:	INDRAPU	RAM	10 " 4 1				
District:	DELHI				,	Δ	
State:	DELHI		1] Atte	The	
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PIN Code:	110001		Mohe	~		2 KING L	MA VO
Date of Birth:	01 01	1990	Signature of th Thumb/ Finger		, Jac.	OFFICE S	TAMP
	Certifier's Deta	ils (To be filled b	y the certifier	Only)			
Name of the Certifier:	MANOJT	IWARI					
Designation:	DE PUTY DI	RECTOR					
Office Address:	OF HEALTH	I, Room	No- 30	05 D,			
SHAST RI E		BHAWAN, NEW DELHI - 110001					
Contact Number:	9876543	210	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
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 Ssue 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)					
Village Panchayat Head or Mukhiya		100		11	1		一
Gazetted Officer - Group B		Manof livari_					
MP/ MLA/ MLC/ Muncip	उप ^{े ने} शक / Dv. Director / प / 10 / 20						
Tehsildar Head of Recognized Educ	William Barrier Barrier politicalities						
Head of Recognized Education Superintendent/ Warder			OFFICE	STAMP			
of Recognized shelter homes/ Orphanages		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.

• Use CAPITAL LETTERS only, as shown in the image below r a m e s h R A M E S H Incorrect Correct · Use standard fonts and avoid stylized writing. Use black or blue ball point pen only. Do NOT fill the application form with ink-pen or pencil. Put a tick marks (\checkmark) , in the boxes where you have to select options as your answer and leave the other option(s) blank. Write clearly within the boxes without touching the boundaries. Try and write in the centre of the box, as shown in the image below-MEHTA Correct Incorrect · Leave one box blank after each complete word, while filling up the boxes R A M E S H G U P T A R A M E S H G U P T A Incorrect Correct Do NOT write "NA" or "N/A" or "NOT APPLICABLE" in any boxes in the form to convey that the column is not relevant for your case. Leave that column blank. FIELD-WISE GUIDELINES FOR FILLING UP "CERTIFICATE FOR AADHAAR ENROLMENT/ UPDATE"- Resident section Ensure all the fields are filled properly, as per below instructions. S No Filed Name General Instructions 1 Date of Issue Specify the date in DD-MM-YYYY format. Ensure the Certificate is submitted within 3 months of date of issue. Enrolment or Update Request will be rejected if Date of Issue is blank or Certificate has expired. 2 Resident Category Specify the resident is native Resident of India or belongs to Non Resident Indian (NRI) Category 3 Enrolment type Specify the current request is either for obtaining a Aadhaar card which is known as "New Enrolment" or for updating an existing Aadhaar details which is known as "Update 4 Aadhaar Number Mention your Aadhaar Number. In case of Enrolment, Kindly leave it blank. In case of Update, it is mandatory to specify the aadhaar number. Full Name 5 Mention the name of Resident. Name shall be mentioned in the format as to be recorded in the Aadhaar. 6 C/o Mention the Care of (C/o) if required in the address field. This field can be left blank as well. 7 House No/ Blda./ Apt: Mention the House Number, Building Name or Apartment Name as per the address. 8 Street/Road/ Lane Mention Street Name, Road & Lane of the address. 9 Landmark Mention the Landmark near your address. This field can be left blank as well, if not required. 10 Area/ Locality/ Sector Mention Area/ Locality/ Sector of your address. 11 Village/ Town/ City Mention Village/ Town/ City of your address. 12 Post Office Mention the nearest post office of your address. This filed can be left blank. Mention the District of your address. 13 District

GENERAL INSTRUCTIONS – Please read the below instructions carefully before filling the application form

A Sample filled form is provided inline with the instructions for reference. Residents are advised to also view the sample filled form provided

The Application Form consists of two parts, i.e., Resident details and Certifier details.

Please note: Incomplete or inappropriately-filled application form will not be accepted.

Please follow the instructions given below while filling the form:

• Certificate has to be printed on Plain paper.

after reading these instructions.

17	Signature	Resident shall put his/her Signature in the box specified for signature. Illiterate Resident can provide Thumb or Finger impression.
18	Resident Photo	 Resident shall paste latest color photograph of size 3.5 cm X 4.5 cm. Ensure photo is pasted in the space provided. It shall not overlap in text boxes. Photo needs to be cross signed by the certifier. Photo needs to be cross stamped by the certifier.

C. FIELD-WISE GUIDELINES FOR FILLING UP "CERTIFICATE FOR AADHAAR ENROLMENT/ UPDATE"- Certifier section

Kindly ensure all the fields are filled properly by the Certifier, as per below instructions.

S No	Filed Name	General Instructions
1	Name of Certifier	Mention the name of Certifier
2	Designation and office name	Specify the designation and office name of the Certifier.
3	Office Address	Specify the complete address of the certifier, along with Department name.
4	Contact Number	Specify the contact details of the certifier.
5	Certifier Type	Mention the certifier type by tick (✓) mark on one of the box provided against below mentioned categories:
6	Checklist for Certifier	 Verify the below checklist by putting tick (✓) mark on the boxes: 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) Please ensure that complete form is duly filled, and all boxes of checklist all selected.
7	Sign & Stamp of the certifier	Provide certifier's signature and stamp in the space specified.

D. IMPORTANT INSTRUCTIONS

Below are few important steps that resident shall ensure before submitting the form:

- Certificate must be printed on Plain paper.
- Form must be submitted within 3 months of date of issue.
- Ensure No overwriting in the form.
- Date of issue must be filled properly in DD-MM-YYYY format.
- Resident signature or thumb impression is must.
- Certifier details must be filled in properly.
- Latest colored photograph of 3.5cm X 4.5 cm should be pasted within the defined area.
- Certifier cross sign & cross stamp must be available on the resident photograph.
- · Certifier complete details must be filled in.