



Mera Aadhaar
Meri Pehchaan

Unique Identification
Authority of India



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;

1 8

0 8

2 0 2 6

INDIVIDUAL SEEKING TO ENROL / AADHAAR NUMBER HOLDER DETAILS

☒ Resident ☐ Non-Resident Indian (NRI) ☐ OCI / LTV/ Nepal / Bhutan National / Foreign National ☐ New Enrolment ☒ Update Request

Aadhaar Number:
(For update only)

9 2 8 2 2 5 6 0 8 6 4 2

Full Name:

Y A S H O D H A N

House No./ Bldg./ Apt:

2 3 1 S T F L O O R 2 N D C R O S S

Street/ Road/ Lane:

N E A R M O U N T S E N O R I A S C H O O L

Landmark:

F R E E D O M F I G H T E R S O C I E T Y L A Y O U T

Area/ Locality/ Sector:

L A G G E R E

Village/ Town/ City:

B E N G A L U R U

Post Office:

L A G G E R E

District:

B E N G A L U R U U R B A N

State:

K A R N A T A K A

PIN Code:

5 6 0 0 5 8

Signature/ Thumb/ Finger Impression of
Individual Seeking to Enrol/ Aadhaar Number Holder



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
Individual seeking to enrol /Aadhaar number
holder and i am a.... (Tick appropriate box below)

- ☐ MP / MLA / MLC / Municipal Councillor
☐ Gazetted Officer Group 'A'/ Employees Provident Fund Organisation (EPFO)
Officer
☐ Tehsildar/ Gazetted Officer Group 'B'
☐ Gazetted Officer at National AIDS Control Organisation (NACO)/State Health
Department / Project Director of the State AIDS Control Society or his nominee
☐ Head of recognised educational institution (only for the institute students
concerned)
☐ Village Panchayat Head/ President or Mukhiya/ Gaon Bura/ equivalent authority
(for rural areas)/ Village Panchayat Secretary/ Village Revenue Officer or
equivalent (for rural areas)

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 their Certifier

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

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