



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;

19

08

20

26

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)

4 4 0 1 9 5 4 4 3 7 3 6

Full Name:

P O O J A K A S H I N A T H A P O O J A R A

House No./ Bldg./ Apt:

H / D ; K A S H I N A T H A

Street/ Road/ Lane:

H / D ; K A S H I N A T H A , T Q K A L A G H A T A G I , U G G I N A K E R

Landmark:

K A S H I N A T H A P O O J A R

Area/ Locality/ Sector:

U G G I N A K E R I

Village/ Town/ City:

K A L A G H T A G I

Post Office:

U G G I N A K E R I

District:

D H A R W A D

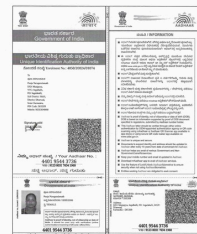
State:

K A R N A T A K A

PIN Code:

5 8 1 2 0 4

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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