



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;

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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)

3 5 1 8 4 7 1 9 2 8 1 4

Full Name:

K A V Y A T M (R R N E T K U V E M P U N A G A R H A S S A N)

House No./ Bldg./ Apt:

S A H A L O K A N I L A Y A

Street/ Road/ Lane:

N E A R S R I L A K S H M I N A R A Y A N A T E M P L E

Landmark:

K H B C O L O N Y 3 R D B L O C K 4 T H C R O S S

Area/ Locality/ Sector:

S A T H Y A M A N G A L A

Village/ Town/ City:

H A S S A N

Post Office:

District:

H A S S A N

State:

K A R N A T A K A

PIN Code:

5 7 3 2 0 1

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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