



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;

0 1 1 0 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)

5 1 3 9 8 0 3 8 7 2 6 7

Full Name:

B H O O M I K A H S (R R N E T K R P U R A M H A S S A N)

House No./ Bldg./ Apt:

M U L U K U N T A M M A K R U P A

Street/ Road/ Lane:

W A R D N U M B E R - 0 9

Landmark:

E W S C O L O N Y 1 S T M A I N 5 T H C R O S S

Area/ Locality/ Sector:

D E V A R A J U R S L A Y O U T

Village/ Town/ City:

D A V A N G E R E

Post Office:

District:

D A V A N A G E R E

State:

K A R N A T A K A

PIN Code:

5 7 7 0 0 6

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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