

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)

6935 5353 8747

Full Name:

SUNAPHULA PUTEL

C/o:

KHAMAKAR PUTEL

House No./ Bldg./ Apt:

Street/ Road/ Lane:

Landmark:

Area/ Locality/ Sector:

Village/ Town/ City:

MEDINI PUR

Post Office:

ME DINI PUR

District:

KALAHANDI

State:

ODISHA

PIN Code:

766002

Date of Birth:

01 02 1974

Signature of the Resident/
Thumb/ Finger Impression



Certifier's Details (To be filled by the certifier Only)

Name of the Certifier:

Gouri Kumar Mishra

Designation:

Sarapanch Medini Pur GP

Office Address:

AT/PO - Medini Pur

Contact Number:

9692581065

I hereby certify above mentioned details of the resident and I am a.... (Tick appropriate box below)

- ☐ Gazetted Officer - Group A
- ☐ Village Panchayat Head or Mukhiya
- ☐ Gazetted Officer - Group B
- ☐ MP/ MLA/ MLC/ Municipal Councilor
- ☐ Tehsildar
- ☐ Head of Recognized Educational Institution
- ☐ Superintendent/ Warden/ Matron/ Head of Institution of Recognized shelter homes/ Orphanages
- ☐ EPFO Officer

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)

Gouri Mishra

Sarapanch
Medinipur GP.

NOTE: This format is applicable for POI documents at Sl. Nos. 17, 20, 21, 22, 31 & 32; POA documents at Sl. Nos. 23, 24, 37, 38, 44 & 45; POR documents at Sl. Nos. 13 & 14 DOB documents at Sl. Nos. 4, 5, 14 & 15 of Schedule II of the Aadhaar (Enrolment and Update) Regulations, 2016, as amended from time to time.