

SELF-DECLARATION FROM THE HEAD OF FAMILY (HOF) FOR SHARING ADDRESS WITH IMMEDIATE FAMILY MEMBER RESIDING AT THE SAME ADDRESS

I, _____ (Name as in Aadhaar), resident of _____ (Address as provided in Aadhaar) holding Aadhaar Number _____, do hereby solemnly affirm and declare as under:-

- i. That resident Mr./Ms. _____ holding Aadhaar number _____ is related to me as my _____ (Please specify the relation with applicant) and is residing with me at the above mentioned address.
- ii. That I agree to share my address in my Aadhaar with Mr./Ms. _____ for updating his/her address in Aadhaar in my capacity of Head of the Family (HoF).
- iii. That the undersigned undertakes that, the above mentioned information is correct to the best of my knowledge and belief and at any point of time if any of the said information is found to be incorrect/fraudulent/false, the Aadhaar of Mr./Ms. _____ and mine can be deactivated and legal action may be initiated against me, as per the provisions of the Aadhaar (Targeted Delivery of Financial and Other Subsidies, Benefits and Services) Act, 2016 (18 of 2016) and, Regulations framed there under and other applicable Acts and Rules, etc.

Date DD/MM/YYYY

Name & Signature of Head of the Family (HoF)

Note:

1. *This document is valid for Head of Family (HoF) based Aadhaar address update purpose only.*
2. *This document is valid for 3 months from date of issue*

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;

Resident's Details

Resident Non-Resident Indian (NRI) New Enrolment Update Request

Aadhaar Number:
(For update only)

Full Name:

C/o:

House No./ Bldg./ Apt:

Street/ Road/ Lane:

Landmark:

Area/ Locality/ Sector:

Village/ Town/ City:

Post Office:

District:

State:

PIN Code:

Date of Birth:

Signature of the Resident/
Thumb/ Finger Impression

Resident's Recent
Colour Photograph
3.5cm x 4.5 cm

Cross Signed and
Cross Stamped
by the Certifier.

**NB: DO NOT
OVERLAP WITH
TEXT BOXES**

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 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 Councillor
 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*)

Signature & Stamp of the Certifier

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12

07

2022

Resident's Details
 Resident
 Non-Resident Indian (NRI)
 New Enrolment
 Update Request
Aadhaar Number:
(For update only)

123456789012

Full Name:

MOHAN KUMAR

C/o:

MAHESH KUMAR

House No./ Bldg./ Apt:

A-312/5

Street/ Road/ Lane:

BLOCK - D4

Landmark:

NEAR OXFORD LIBRARY

Area/ Locality/ Sector:

MOHAN NAGAR

Village/ Town/ City:

INDRAPURAM

Post Office:

INDRAPURAM

District:

GHAZIABAD

State:

UTTAR PRADESH

PIN Code:

201007

Date of Birth:

01

01

1990

Signature of the Resident
Thumb/ Finger Impression**Certifier's Details (To be filled by the certifier Only)**

Name of the Certifier:

MANOJ TIWARI

Designation:

DEPUTY DIRECTOR

Office Address:

MINISTRY OF HEALTH, ROOM NO - 305D

SHASTRI BHAWAN, NEW DELHI - 110001

Contact Number:

987854XXXX

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)

Manoj Tiwari

Signature & Stamp of the Certifier