

Resident's Details

☐ Resident

☐ Non-Resident Indian (NRI)

☐ New Enrolment

☐ Update Request

Aadhaar Number
(For update only)

926633262659

Full Name:

SIYA BALU CHAVAN.

C/O:

MO. SHASTRINAGAR

House No./ Bldg./ Apt:

TANDA DALIMB

Street/ Road/ Lane:

VTC DALIMB PO. DALIMB

Landmark:

Area/ Locality/ Sector:

Ta. UMARGA.

Village/ Town/ City:

DIST. OSMANABAD

Post Office:

District:

State:

MAHARASTRA

PIN Code:

413604.

Date of Birth:

24 06 2016

Signature of the Resident/
Thumb/ Finger Impression



Name of the Certifier:

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

Signature:

Address:

Number:

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

Group A

Group B

Group C

Group D

Group E

Group F

Group G

Group H

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)

(एस.एस.कुंभार)

सरपंच