



Aadhaar Enrolment and Mandatory Biometric Update is free. No charges are applicable for Form. In case of Correction/ Update, provide your Aadhaar Number (UID), Full Name and only that field which needs Correction/ Update.

☒ Resident ☐ Non-Resident Indian (NRI*) *Please follow the instructions overleaf while filling up the form. Use capital letters only.*

1	Pre Enrolment ID (If applicable):	2	In case of Update provide Aadhaar Number (UID): <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
2.1	<input type="checkbox"/> Biometric Update (Photo + Fingerprint + Iris) <input type="checkbox"/> Mobile <input type="checkbox"/> Date of Birth <input type="checkbox"/> Address <input type="checkbox"/> Name <input type="checkbox"/> Gender <input type="checkbox"/> Email		
3	Full Name: MD. AYAN		
4	Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	5	Age: Yrs OR Date of Birth: 12/09/2020 <input type="checkbox"/> Declared <input checked="" type="checkbox"/> Verified
6	Address: C/o JULAFKAR ALI		
	House No./ Bldg./ Apt:		Street/ Road/ Lane: SANGRAMPUR
	Landmark: SANGRAMPUR RAMNA TOLA		Area/ Locality/ Sector:
	Village/ Town/ City: SANGRAMPUR		Post Office: SANGRAMPUR
	District: EAST CHAMPARAN	Sub-District: SANGRAMPUR	State: BIHAR
	E-Mail:	Mobile No.: 8928455135	PIN Code: 845434
7	Details of: <input checked="" type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Husband <input type="checkbox"/> Wife <small>For children below 5 years Father/Mother/Guardian's details are mandatory. Adults can opt not to specify this information.</small>		
	Name: JULAFKAR ALI		
	EID/ Aadhaar No.: 846834729768		
Verification Type: <input type="checkbox"/> Document Based <input type="checkbox"/> Introducer Based <input checked="" type="checkbox"/> Head of Family (HoF) Based Select only one of the above. Select Introducer or Head of Family only if you do not possess any documentary proof of identity and/or address. Introducer and Head of Family details are not required in case of Document based verification.			
8	For Document Based (Write Names of the documents produced. Refer overleaf of this form for list of valid documents)		
a.	POI BIRTH CERTIFICATE	b.	POA
c.	DOB BIRTH CERTIFICATE <small>(Mandatory in case of Verified Date of Birth)</small>	d.	POR <small>(Mandatory in case of HoF based Enrolment/ Update)</small>
9	For Introducer Based – Introducer's Aadhaar No.: 846834729768	For HoF Based - Details of: <input checked="" type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Husband <input type="checkbox"/> Wife HoF's EID/ Aadhaar No.:	
I hereby confirm the identity and address of _____ as being true, correct and accurate.			
Introducer/ HoF's Name:		Signature of Introducer/ HoF Julafkar Ali	

Disclosure under section 3(2) of THE AADHAAR (TARGETED DELIVERY OF FINANCIAL AND OTHER SUBSIDIES, BENEFITS AND SERVICES) ACT, 2016

I confirm that I have been residing in India for at least 182 days in the preceding 12 months / I am Non Resident Indian (NRI) & information (including biometrics) provided by me to the UIDAI is my own and is true, correct and accurate. I am aware that my information including biometrics will be used for generation of Aadhaar and authentication. I understand that my identity information (except core biometric) may be provided to an agency only with my consent during authentication or as per the provisions of the Aadhaar Act. I have a right to access my identity information (except core biometrics) following the procedure laid down by UIDAI.

Verifier's Stamp and Signature:

(Verifier must put his/ her Name, if stamp is not available)

Applicant's signature/ Thumbprint

To be filled by the Enrolment Agency only:

Date & time of Enrolment:

Note: In case of minor, the signature will be done by parent/guardian. In case of incapacitated person, the signature will be done by Legal Guardian of Incapacitated Person

* In case of NRI, only Indian Passport will be valid as POJ.



सं. 1
NO. 1



बिहार सरकार
GOVERNMENT OF BIHAR
योजना और विकास विभाग
DEPARTMENT OF PLANNING AND DEVELOPMENT
प्राथमिक स्वास्थ्य केंद्र तुरकौलिया
PHC TURKAULIA

प्रपत्र-5
FORM-5



जन्म प्रमाण-पत्र
BIRTH CERTIFICATE

(जन्म मृत्यु रजिस्ट्रीकरण अधिनियम, 1969 की धारा 12 / 17 तथा बिहार जन्म मृत्यु रजिस्ट्रीकरण नियम, 1999 के नियम 8/13 के अंतर्गत जारी किया गया)
(ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS & DEATHS ACT, 1969 AND RULE 8/13 OF THE BIHAR REGISTRATION OF BIRTHS & DEATHS RULES 1999)

यह प्रमाणित किया जाता है निम्नलिखित सूचना जन्म के मूल अभिलेख से ली गई है जो कि प्राथमिक स्वास्थ्य केंद्र तुरकौलिया तहसील तुरकौलिया जिला पूर्वी चंपारण राज्य/संघ प्रदेश बिहार, भारत के रजिस्टर में उल्लिखित है।

THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF BIRTH WHICH IS THE REGISTER FOR PHC TURKAULIA OF TAHSIL/BLOCK TURKAULIA OF DISTRICT PURBI CHAMPARAN OF STATE/UNION TERRITORY BIHAR, INDIA.

नाम / NAME: MD. AYAN / मो० अयान

लिंग / SEX: पुरुष / MALE

जन्म तिथि / DATE OF BIRTH:
12-09-2020
TWELFTH-SEPTEMBER-TWO THOUSAND TWENTY

जन्म स्थान/ PLACE OF BIRTH:
PRIMARY HEALTH CENTRE, TURKAULIA/प्राथमिक स्वास्थ्य केंद्र तुरकौलिया

माता का नाम / NAME OF MOTHER:
HALIMA KHATOON / हलीमा खातून

पिता का नाम / NAME OF FATHER:
JULAFKAR ALI / जुलफकार अली

आधार नंबर / MOTHER'S AADHAAR NO:

आधार नंबर / FATHER'S AADHAAR NO:

XXXXXXXX1560

XXXXXXXX9768

बच्चे के जन्म के समय माता-पिता का पता / ADDRESS OF PARENTS AT THE TIME OF BIRTH OF THE CHILD:
SANGRAMPUR RAMNA TOLA,
SANGRAMPUR, SANGRAMPUR, PURBI CHAMPARAN,
BIHAR- 845434
संग्रामपुर रमना टोला,
संग्रामपुर, संग्रामपुर, पूर्वी चंपारण,
बिहार- 845434

माता-पिता के स्थायी पता/ PERMANENT ADDRESS OF PARENTS:
SANGRAMPUR RAMNA TOLA,
SANGRAMPUR, SANGRAMPUR, PURBI CHAMPARAN,
BIHAR- 845434
संग्रामपुर रमना टोला,
संग्रामपुर, संग्रामपुर, पूर्वी चंपारण,
बिहार- 845434

पंजीकरण संख्या / REGISTRATION NUMBER:
B-2020: 10-16965-002383

पंजीकरण तारीख / DATE OF REGISTRATION:
31-10-2020

टिप्पणी / REMARKS (IF ANY):

जारी करने की तिथि / DATE OF ISSUE:
31-10-2020

जारी करने वाला प्राधिकारी / ISSUING AUTHORITY:

रजिस्ट्रार (जन्म एवं मृत्यु)
REGISTRAR (BIRTH & DEATH)
प्राथमिक स्वास्थ्य केंद्र तुरकौलिया
PHC TURKAULIA

प्रभारी चिकित्सा पदाधिकारी
प्राथमिक स्वास्थ्य केंद्र
तुरकौलिया, पूर्वी चंपारण

UPDATED ON :
31-10-2020 07:56:11



"THIS IS A COMPUTER GENERATED CERTIFICATE."
"THE GOVT. OF INDIA VIDE CIRCULAR NO. 1/12/2014-VS(CRS) DATED 27-JULY-2015 HAS APPROVED THIS CERTIFICATE AS A VALID LEGAL DOCUMENT FOR ALL OFFICIAL PURPOSES".

* प्रत्येक जन्म एवं मृत्यु का पंजीकरण सुनिश्चित करें / ENSURE REGISTRATION OF EVERY BIRTH AND DEATH *





जुलफकार अली

