

**UNIQUE IDENTIFICATION AUTHORITY OF INDIA (UIDAI)**  
**AADHAAR ENROLMENT / UPDATE FORM (ADULT / CHILD 5+ YEARS)**

*Aadhaar Enrolment is free and voluntary. No charges payable for enrolment.*

|                                                                                                                                                                                                                                                        |                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| <b>Application Type:   <input type="checkbox"/> 1. Resident New Enrolment      <input type="checkbox"/> 2. Update / Correction</b>                                                                                                                     |                                                                                                      |
| 1. 12-Digit Aadhaar Number (If Update): [ ____ ] [ ____ ] [ ____ ]                                                                                                                                                                                     |                                                                                                      |
| <b>2. Fields to Update (Tick all applicable):</b>                                                                                                                                                                                                      |                                                                                                      |
| <input type="checkbox"/> Biometric (Photo/Fingerprint/Iris) <input type="checkbox"/> Name <input type="checkbox"/> Gender <input type="checkbox"/> DOB <input type="checkbox"/> Address <input type="checkbox"/> Mobile <input type="checkbox"/> Email |                                                                                                      |
| 3. Full Name of Applicant (As per ID proof): _____                                                                                                                                                                                                     |                                                                                                      |
| 4. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender                                                                                                                                          | 5. Age / DOB: [ DD / MM / YYYY ] <input type="checkbox"/> Declared <input type="checkbox"/> Verified |
| <b>6. Address Details:</b>                                                                                                                                                                                                                             |                                                                                                      |
| C/O (Care of): _____                                                                                                                                                                                                                                   | House No / Bldg / Apt: _____                                                                         |
| Street / Road / Lane: _____                                                                                                                                                                                                                            | Landmark: _____                                                                                      |
| Locality / Sector: _____                                                                                                                                                                                                                               | Village / Town / City: _____                                                                         |
| Post Office: _____                                                                                                                                                                                                                                     | District: _____                                                                                      |
| State: _____                                                                                                                                                                                                                                           | PIN Code: [ _ _ _ _ _ ]                                                                              |
| Mobile No: _____                                                                                                                                                                                                                                       | Email ID: _____                                                                                      |
| <b>7. Verification Documents Submitted (PoI / PoA / DoB / PoR):</b>                                                                                                                                                                                    |                                                                                                      |
| a. Proof of Identity (PoI): _____                                                                                                                                                                                                                      | b. Proof of Address (PoA): _____                                                                     |
| c. Proof of Date of Birth (DoB): _____                                                                                                                                                                                                                 | d. Proof of Relationship (PoR): _____                                                                |

**Statutory Declaration under Aadhaar Act, 2016**

I confirm that I have been a resident of India for 182 days or more in the preceding 12 months & information provided by me to UIDAI is true and correct.  
I understand that my biometrics/demographics will be used for authentication under the Aadhaar Act, 2016.

\_\_\_\_\_  
**Verifier's Stamp, Name & Signature**

\_\_\_\_\_  
**Applicant's Signature / Thumb Impression**