



AADHAAR DATA UPDATE/CORRECTION FORM



GPU / MUNICIPAL CORPORATION / NAGAR PANCHAYAT

PANCHAYAT WARD / MUNICIPAL WARD

Landmark Street/
Road/Lane

Area/Locality/Sector

Village/Town/City Post Office

District Sub-District Sub-Division

State Pin Code

Field of Update/Correction Name Gender Date of Birth Address Mobile

Biometric Update Photograph Fingerprint Iris

Aadhar No. (Please Provide accurate 12-digit Aadhar number here) :

FIELDS	MEMBER 1	MEMBER 2	MEMBER 3
Full Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
S/o, W/o, D/o, C/o	<input type="text"/>	<input type="text"/>	<input type="text"/>
Age / DOB (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile/ Phone	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>	<input type="text"/>
Declaration	I have read the instructions carefully and the information provided by me to the UDAI and the information true, correct and accurate.	I have read the instructions carefully and the information provided by me to the UDAI and the information true, correct and accurate.	I have read the instructions carefully and the information provided by me to the UDAI and the information true, correct and accurate.
Signature / Thumb Impression	<input type="text"/>	<input type="text"/>	<input type="text"/>

FIELDS	MEMBER 1	MEMBER 2	MEMBER 3
Full Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
S/o, W/o, D/o, C/o	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Gender	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile/ Phone	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Signature / Thumb Impression	<input type="text"/>	<input type="text"/>	<input type="text"/>

Aadhar Card will be delivered through Post Office, please ensure correct address.