

Previous Enrolment Agency Code:

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It is hereby declared that the information and particulars furnished above are true and correct to the best of my/our knowledge and belief and nothing has been concealed.

Place:

Date:

Signature of Operator / Supervisor

RO OFFICE

The above request for association of operator with EA have been thoroughly verified after due diligence.
The information and particulars furnished above is found

Correct :

Incorrect :

Place:

Date:

Signature of SSA/PMU

Place:

Date:

Signature of ADG Incharge/DDG

Correct:- Recommended for association with EA

Incorrect :-Not recommended for association with EA

Department letter head

Aadhaar Enrollment Center

Assistant Director General
UIDAI Regional Office, Delhi
Ground Floor, Pragati Maidan Metro Station,
New delhi-110001

Sub: Setting up Aadhaar Enrollment Center in Government premises

In reference to your office order A-11019/02/2017/UIDAI (RO-Delhi) dated 14.07.2017. Agency operator details are given below to provide approval to start enrollment center in our government department premises:

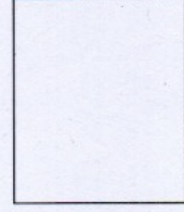
S. No	Details	Description
1	Name & Address of Govt. Department	
1	Full Address of Center	
2	Government officials Details. (Responsible for proper working of the center) a) Name of Government official b) Designation c) Mobile d) Email	a) _____ b) _____ c) _____ d) _____
3	Working hours of the center(Timing)	On Weekday ___AM to ___PM On Holidays ___AM to ___PM (In case open)
4	Operator Detail a) Name b) Mobile No c) Email d) Aadhaar No	a) _____ b) _____ c) _____ d) _____

Signature
(Gazetted Officer)

Center will be run directly supervision by Government official and according the UIDAI guidelines.

Copy to: 1) Additional Director (UID), Room No – 210, DoIT&C, Yojna Bhawan, Jaipur, Rajasthan.

आधार केन्द्र हेतु वैरीफायर का अनापित्त प्रमाण पत्र



वैरीफायर का नाम.....पिता का नाम.....
कार्यालय का नाम..... तहसील का नाम.....
पदनाम एम्प्लोयी कोड क्रमांक
मोबाईल नम्बर ई-मेल आईडी.....
आधार क्रमांक बैंक खाता क्रमांक
बैंक का नाम शाखा के सहित बैंक का आई.एफ.एस.सी. कोड.....

मेरे द्वारा उपरोक्त दी गई समस्त जानकारी पूर्णतः सत्य है एवं मैं आधार ऑपरेटर श्री.....
आधार केन्द्र का नाम/स्थान.....
ऑपरेटर/सुपरवाइजर का सर्टिफिकेट क्रमांक तहसील.....
विकास खण्ड जिला ग्वालियर हेतु वैरिफायर बनाये जाने हेतु कोई आपत्ति नहीं है एवं
मेरे द्वारा आधार केन्द्र पर आधार पंजीयन एवं अपडेशन हेतु समस्त फार्म को सत्यापित किया जावेगा।

दिनांक

नाम:.....

पदनाम.....

कार्यालय का नाम:.....

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हस्ताक्षर सील सहित