		DLMENT/ UPDATE (TO BE L	(To be va	lid for 3 months from date of	
To be printed on plain A4 pc	per size; Not required to l	be printed on letter head;			issue)
		Resident's Details		06 2024	<u></u>
Aadhaar Number: (For update only)	Resident [Non-Resident Indian (NRI)	New Enrolment	Update Req	uest
Full Name:	KAVITA	DEV]			
c/o: 6/6	RAJIND	ER KUMAR			
House No./ Bldg./ Apt:	468	20 NOTINK		<u></u>	
Street/ Road/ Lane:	1	IBA DURGIA N	ATH		
Area/ Locality/ Sector:					
Village/ Town/ City:	BALDEHR	A			
Post Office:	BALBEHR]
District:	KAITHAL		[
State:	HARYANA				
	85708-156	55			
PIN Code:	136034	1	Thesh		Sonia d
Date of Birth:	01 01	1993 Signatu Thumby	re of the Resident/ Finger Impression		77 Balbenra
	Certifier's Det	tails (To be filled by the certi	and the second sec	Mar. M	aila (Ktl.)
Name of the Certifier:			tier Only)		
Designation:	CODDA	ADEVE			
Office Address:	V.P.O. DA	ALGEHRA			
Contact Number:	79761431	478	1		
I hereby certify above mention and I am a (Tick appropriate b	and the state of t	Che	cklist for Certifier		
Gazetted Officer - Group A		No overwriting Issue date is fi Resident's Photo is cross signed and	lad Down	e Certifier's details	
Village Panchayat Head or Gazetted Officer - Group B	Mukhiya		poper to pho	to or photo to paper)	
MP/ MLA/ MLC/ Municipal	Councillor				
Tehsildar					
Head of Recognized Educat Superintendent/ Warden/ of Recognized shelter home	Matron / Need - Ci	S	arpanch Soul ? Vill. Balbehra	down	
EPFO Officer	es/ Orphanages	1	Yill. Baluehra	-ucidi	