Unique Identification Authority of India
Government of India

# FORM 1: Aadhaar Enrolment and Update

**For (a) Resident Indian, or (b) Non-Resident Indian having Proof of Address in India (aged 18 years and above)**

*Please follow the instructions given below this form and use only upper case (block or capital) letters.*

**1 Purpose:** ☐ Enrolment OR ☐ Update

**2 Resident status:** ☐ Resident Indian OR ☐ Non-Resident Indian (NRI) {*See paragraph 1(c) of the declaration below this form*}

**3 Demographic information** (*For update, please fill only the information to be updated*)**:**

**(a) Name:**
*(Please fill as given in the document presented in support of the POI, while omitting any titles, honorifics and aliases)*

**(b) Gender:** ☐ Female ☐ Male ☐ Third gender / Transgender

**(c) Date of Birth:** ☐☐☐☐☐☐☐☐ (DDMMYYYY) OR **Age:** ☐☐☐ years
☐ Verified OR ☐ Declared OR ☐ Approximate (*only for age*)
(*For declared or approximate, only year of declared/approximate birth will be printed on Aadhaar card*)

**(d) Email:**

**(e) Mobile number:** ☐☐☐☐☐☐☐☐☐☐

**4 Basis of enrolment/update:** ☐ Document verification OR ☐ Confirmation by Head of Family (HoF)

**5 For document-based enrolment/update, additional demographic information and documents presented:**
(*Address information should be filled only in case of enrolment or update of address*)

**(a) Address:** Care of (*optional*):

| | | |
|---|---|---|
| House no. / Building / Flat no.: | | Street: |
| Landmark: | Ward no.: | Area/Locality/Sector: |
| Village/Town/City: | Post Office (*mandatory*): | PIN code (*mandatory*): ☐☐☐☐☐☐ |
| Sub-district: | District: | State: |

**(b) Type of documents presented:**
(*See "List of acceptable supporting documents" displayed on the website of UIDAI and enrolment centres*)

(i) Proof of Identity (POI):
(ii) Proof of Address (POA):
(iii) Proof of Date of Birth (PDB) (*optional*):

**6 For HoF-based enrolment or update of address, additional information and documents presented:**

**(a) Details of HoF:** (i) Name: Aadhaar no.: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

(ii) Relationship with applicant: ☐ Mother ☐ Father ☐ Legal guardian
*Other relationship* (*only for address update*): ☐ Spouse ☐ Child/Ward ☐ Sibling

**(b) Type of Proof of Relationship (POR) document presented:**
(*See "List of acceptable supporting documents" displayed on the website of UIDAI and enrolment centres*)

I confirm the identity of the applicant named above and that she/he is related to me as mentioned. I hereby consent that the address recorded against my Aadhaar number may be recorded as the address against the Aadhaar number of the applicant.

Signature of HoF:

**7 For update, additional information:**

**(a) Aadhaar number of applicant:** ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

**(b) Information to be updated:** ☐ Biometric (photo, fingerprints and irises) ☐ Name ☐ Date of Birth ☐ Gender ☐ Address ☐ Mobile ☐ Email ☐ Update of POI and POA documents

## Declaration

1. I hereby confirm and declare that—
   (a) all the information and documents submitted is correct to the best of my knowledge and belief;
   (b) I am entitled to the documents/information evidencing proofs cited above; and
   (c) I am a resident of India (resided in India for 182 days or more in 12 months immediately preceding my enrolment application) OR I am a Non-Resident Indian (valid Indian passport holding citizen who is not resident of India).
2. I understand that if the above declaration is found to be incorrect, my Aadhaar number may be deactivated and, in addition, action may be taken against me as per law.
3. I understand that the above information may be used, disclosed or shared in accordance with the Aadhaar (Targeted Delivery of Financial and Other Subsidies, Benefits and Services) Act, 2016 and regulations made thereunder.
4. I hereby give my consent for electronically obtaining information evidencing proof of identity, address, date of birth and/or relationship from the databases of the authorities dealing with the preparation or maintenance of such information and for sharing the above information and documents with government agencies and/or any such authority, for the purpose of verification.

| | |
|---|---|
| Signature of verifier: | Signature / thumb impression of applicant*: |
| Name of verifier: | Date and time: |

* In case applicant is a person with disability, in respect of whom a lawful guardian is appointed and such guardianship extends to providing of the consent sought, such guardian shall present document in support of the same and sign the application.