

(6/46)

20/10/22

Procedure for submitting the proforma certificate for a sex worker who applies for an Aadhar card

As per the letter received from NACO letter no.C-11011/10/2020-(NACO-TI) dt.02-06-2022 Order of Criminal Appeal No.(s).135/2010 of the Hon'ble Supreme Court of India, dated 19-05-2022 regarding Aadhar Cards to be issued to sex workers who are unable to produce proof of their residence.

The following steps to be followed:

1. The proforma certificate is available on the official website of ASACS as well UIDAI
2. The name and designation of the Gazetted Officer who will be authorised to submit the 'proforma certificate' for sex workers desirous of applying for an Aadhar Card on behalf of NACO has been published in ASACS website along with the procedure.
3. The information and the procedure have been sent to all the Female Sex Worker (FSW) through the Targeted Intervention Project under ASACS and also published in the social media and Print Media.
4. The FSW TI Project Directors are responsible to find the applicants who need their "proforma certificate" to be signed by the designated Gazette Officer at the State HQ. they will further assist and coordinate during the process.
5. The FSW TI Project Directors are also responsible to ensure to submit the application within 90 days from the date of signing of the Proforma Certificate.
6. Zonal/ District level workshops will be conducted by ASACS TI Division, within the FY 2022-23 with the support of the Police Department and the State Legal Service Authority to educate sex workers about their rights.
7. The designated officer authorized to submit the proforma certificate is Dr. Ela Rajkhuwa Deputy Director, STI of Assam State AIDS Control Society and can be contacted at assamsacs@gmail.com 8486511709

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20/10/22

CERTIFICATE FOR AADHAAR ENROLMENT/ UPDATE

Instructions: All details to be filled in Block Letters

(To be valid for 3 months from date of issue)

To be printed on plain A4 paper size;

Not required to print on letter head;

DD

MM

YYYY

Resident's Details

Resident Non-Resident Indian (NRI) New Enrolment Update Request

Aadhaar Number:
(For update only)

Full Name:

C/o:

House No./ Bldg./ Apt:

Street/ Road/ Lane:

Landmark:

Area/ Locality/ Sector:

Village/ Town/ City:

Post Office:

District:

State:

PIN Code:

Date of Birth:

Signature of the Resident/
Thumb/ Finger Impression

Resident's Recent
Colour Photograph
3.5cm x 4.5 cm

Cross Signed and
Cross Stamped
by the Certifier.

NB: DO NOT
OVERLAP WITH
TEXT BOXES

Certifier's Details (To be filled by the certifier Only)

Name of the Certifier:

Designation:

Office Address:

Contact Number:

I hereby certify above mentioned details of the resident
and I am a.... (Tick appropriate box below)

- Gazetted Officer - Group A
 Village Panchayat Head or Mukhiya
 Gazetted Officer - Group B
 MP/ MLA/ MLC/ Municipal Councilor
 Tehsildar
 Head of Recognized Educational Institution
 Superintendent/ Warden/ Matron/ Head of Institution
of Recognized shelter homes/ Orphanages
 EPFO Officer

Checklist for Certifier

- No overwriting Issue date is filled Resident's signature Certifier's details
 Resident's Photo is cross signed and cross stamped (paper to photo or photo to paper)

Signature & Stamp of the Certifier

NOTE: This format is applicable for POI documents at SI. Nos. 17, 20, 21, 22, 31 & 32; POA documents at SI. Nos. 23, 24, 37, 38, 44 & 45; POR documents at SI. Nos. 13 & 14 DOB documents at SI. Nos. 4, 5, 14 & 15 of Schedule II of the Aadhaar (Enrolment and Update) Regulations, 2016, as amended from time to time.

Resident's Details

<input checked="" type="checkbox"/> Resident	<input type="checkbox"/> Non-Resident Indian (NRI)	<input type="checkbox"/> New Enrolment	<input checked="" type="checkbox"/> Update Request
Aadhaar Number: (For update only)	1 2 3 4 5 6 7 8 9 0 1 2		
Full Name:	MOHAN KUMAR		
C/o:	MAHESH KUMAR		
House No./ Bldg./ Apt:	A- 312 / 5 ,		
Street/ Road/ Lane:	BLOCK - D4		
Landmark:	NEAR OXFORD LIBRARY		
Area/ Locality/ Sector:	MOHAN NAGAR		
Village/ Town/ City:	INDRAPURAM		
Post Office:	INDRAPURAM		
District:	DELHI		
State:	DELHI		
PIN Code:	1 1 0 0 0 1		
Date of Birth:	0 1	0 1	1 9 9 0

Attested
Manoj Tiwari
14/10/20
OFFICE STAMP

Mohan
Signature of the Resident/
Thumb/ Finger Impression

Certifier's Details (To be filled by the certifier Only)

Name of the Certifier:	MANOJ TIWARI
Designation:	DEPUTY DIRECTOR
Office Address:	MINISTRY OF HEALTH, ROOM No - 305 D, SHASTRI BHAWAN, NEW DELHI - 110001
Contact Number:	9876543210

I hereby certify above mentioned details of the resident and I am a.... (Tick appropriate box below)

- Gazetted Officer - Group A
 Village Panchayat Head or Mukhiya
 Gazetted Officer - Group B
 MP/ MLA/ MLC/ Muncipal Councilor
 Tehsildar
 Head of Recognized Educational Institution
 Superintendent/ Warden/ Matron/ Head of Institution of Recognized shelter homes/ Orphanages
 EPFO Officer

Checklist for Certifier

- No overwriting Issue date is filled Resident's signature Certifier's details.
 Resident's Photo is cross signed and cross stamped (paper to photo or photo to paper)

Manoj Tiwari
 Dy. Director
 14/10/20
 OFFICE STAMP
 Signature & Stamp of the Certifier

NOTE: This format is applicable for POI documents at Sl. Nos. 17, 20, 21, 22, 31 & 32; POA documents at Sl. Nos. 23, 24, 37, 38, 44 & 45; POR documents at Sl. Nos. 13 & 14 DOB documents at Sl. Nos. 4, 5, 14 & 15 of Schedule II of the Aadhaar (Enrolment and Update) Regulations, 2016, as amended from time to time.

The Application form consists of two parts, i.e., Resident details and Certificate details. A Sample filled form is provided inline with the instructions for reference. Residents are advised to also view the sample filled form provided after reading these instructions.

Please note: Incomplete or inappropriately-filled application form will not be accepted. Please follow the instructions given below while filling the form:

- Certificate has to be printed on Plain paper.
- Use CAPITAL LETTERS only, as shown in the image below –

r a m e s h

R A M E S H

Incorrect

Correct

- Use standard fonts and avoid stylized writing.
- Use black or blue ball point pen only. Do NOT fill the application form with ink-pen or pencil.
- Put a tick marks (✓), in the boxes where you have to select options as your answer and leave the other option(s) blank.
- Write clearly within the boxes without touching the boundaries. Try and write in the centre of the box, as shown in the image below–

M E H T A

M E H T A

Incorrect

Correct

- Leave one box blank after each complete word, while filling up the boxes.

R A M E S H G U P T A

R A M E S H G U P T A

Incorrect

Correct

- Do NOT write "NA" or "N/A" or "NOT APPLICABLE" in any boxes in the form to convey that the column is not relevant for your case. Leave that column blank.

B. FIELD-WISE GUIDELINES FOR FILLING UP "CERTIFICATE FOR AADHAAR ENROLMENT/ UPDATE"- Resident section

Ensure all the fields are filled properly, as per below instructions.

S No	Filed Name	General Instructions
1	Date of Issue	<ul style="list-style-type: none"> • Specify the date in DD-MM-YYYY format. • Ensure the Certificate is submitted within 3 months of date of issue. • Enrolment or Update Request will be rejected if Date of Issue is blank or Certificate has expired.
2	Resident Category	<ul style="list-style-type: none"> • Specify the resident is native Resident of India or belongs to Non Resident Indian (NRI) Category
3	Enrolment type	<ul style="list-style-type: none"> • Specify the current request is either for obtaining a Aadhaar card which is known as "New Enrolment" or for updating an existing Aadhaar details which is known as "Update Request".
4	Aadhaar Number	<ul style="list-style-type: none"> • Mention your Aadhaar Number. • In case of Enrolment, Kindly leave it blank. • In case of Update, it is mandatory to specify the aadhaar number.
5	Full Name	<ul style="list-style-type: none"> • Mention the name of Resident. • Name shall be mentioned in the format as to be recorded in the Aadhaar.
6	C/o	<ul style="list-style-type: none"> • Mention the Care of (C/o) if required in the address field. • This field can be left blank as well.
7	House No/ Bldg./ Apt:	<ul style="list-style-type: none"> • Mention the House Number, Building Name or Apartment Name as per the address.
8	Street/Road/ Lane	<ul style="list-style-type: none"> • Mention Street Name, Road & Lane of the address.
9	Landmark	<ul style="list-style-type: none"> • Mention the Landmark near your address. • This field can be left blank as well, if not required.
10	Area/ Locality/ Sector	<ul style="list-style-type: none"> • Mention Area/ Locality/ Sector of your address.
11	Village/ Town/ City	<ul style="list-style-type: none"> • Mention Village/ Town/ City of your address.
12	Post Office	<ul style="list-style-type: none"> • Mention the nearest post office of your address. • This field can be left blank.
13	District	<ul style="list-style-type: none"> • Mention the District of your address.

		<ul style="list-style-type: none"> • <u>Illiterate Resident can provide Thumb or Finger impression.</u>
18	Resident Photo	<ul style="list-style-type: none"> • Resident shall paste latest color photograph of size 3.5 cm X 4.5 cm. • Ensure photo is pasted in the space provided. It shall not overlap in text boxes. • Photo needs to be cross signed by the certifier. • Photo needs to be cross stamped by the certifier.

C. FIELD-WISE GUIDELINES FOR FILLING UP "CERTIFICATE FOR AADHAAR ENROLMENT/ UPDATE"- Certifier section

Kindly ensure all the fields are filled properly by the Certifier, as per below instructions.

S No	Filed Name	General Instructions
1	Name of Certifier	<ul style="list-style-type: none"> • Mention the name of Certifier
2	Designation and office name	<ul style="list-style-type: none"> • Specify the designation and office name of the Certifier.
3	Office Address	<ul style="list-style-type: none"> • Specify the complete address of the certifier, along with Department name.
4	Contact Number	<ul style="list-style-type: none"> • Specify the contact details of the certifier.
5	Certifier Type	<ul style="list-style-type: none"> • Mention the certifier type by tick (✓) mark on one of the box provided against below mentioned categories: <ul style="list-style-type: none"> ○ Gazetted Officer - Group A ○ Village Panchayat Head or Mukhiya ○ Gazetted Officer - Group B ○ MP/ MLA/ MLC/ Municipal Councilor ○ Tehsildar ○ Head of Recognized Educational Institution ○ Superintendent/ Warden/ Matron/ Head of Institution of Recognized shelter homes/ Orphanages ○ EPFO Officer
6	Checklist for Certifier	<ul style="list-style-type: none"> • Verify the below checklist by putting tick (✓) mark on the boxes: <ul style="list-style-type: none"> ○ No overwriting ○ Issue date is filled ○ Resident's signature ○ Certifier's details ○ Resident's Photo is cross signed and cross stamped (paper to photo or photo to paper) ○ Please ensure that complete form is duly filled, and all boxes of checklist all selected.
7	Sign & Stamp of the certifier	<ul style="list-style-type: none"> • Provide certifier's signature and stamp in the space specified.

D. IMPORTANT INSTRUCTIONS

Below are few important steps that resident shall ensure before submitting the form:

- Certificate must be printed on Plain paper.
- Form must be submitted within 3 months of **date of issue**.
- Ensure No overwriting in the form.
- Date of issue must be filled properly in DD-MM-YYYY format.
- Resident signature or thumb impression is must.
- Certifier details must be filled in properly.
- Latest colored photograph of 3.5cm X 4.5 cm should be pasted within the defined area.
- Certifier cross sign & cross stamp must be available on the resident photograph.
- Certifier complete details must be filled in.