(Parent /Guardian in case of Minor)

## **Self Declaration**

1.	l,	S/D/W/o_	, resident of	
		S/D/W/oholding Aadhaar Nofirm and declare as under:-	do hereby	
i.	That the deponent is the resident of the above said address.			
	That the correct date of birth of the deponent is			
and the date of birth of the deponent iswrongly mentioned in the Aadhaar Card b Aadhaar No			rd bearing	
iii	That the deponent wants to get his /her date of birth updated in the Aadhaar Card as			
	instead ofeven after utilizing the one time option for DoB			
update, forwhich the deponent is submitting document proof.			as	
iv.	That the date of Birth in the Aadhaar Card of the deponent was not correct earlier.			
	That the deponent further declares that no document in support of proof of birth was submitted			
٧.	by him at the time of Aadhaar Enrolment. However, if so submitted, the document submitted			
	the time of updation is not the same as the one submitted at the time of Aadhaar Enrolment.			
	the time of apparation is not the same as the one submitted at the time of Addition Elifolities			
2.	Kindly select whichever are applicable (ü):			
	S. No	Parameter	Selection	
	(i)	Current DoB update request is the 1st request for DoB update		
	(*)			
	(ii)	Current DoB update request is second (or greater) request for DoB		
	(iii)	Date of birth mentioned in the Aadhaar Card at the time of		
	,	Aadhaar Enrolment was declared/ approximate and was not verified		
	(iv)	Date of birth mentioned in the Aadhaar Card at the time of		
	(,	Aadhaar Enrolment was Verified and was not declared/		
		approximate		
	<u> </u>			
2	That the understand undertakes that if the decument submitted in proof of data of high is			
٥.	That the undersigned undertakes that if the document submitted in proof of date of birth is found to be fraudulent/false/forged/non-genuine, the corresponding Aadhaar number may be			
		l as per Rule 28 of the Aadhaar (Enrolment and Update) Regulation	•	
I hereby declare that all the information mentioned above is true to the				
	and belief. In case of any discrepancies if arises, the undersigned will be personally hel			
	responsible.			
	Date: Name & Signature of Resident			