

**FORM 5: Aadhaar Enrolment and Update**  
**For (a) Resident Indian child, or (b) Non-Resident Indian child having Proof of Address in India**  
**(below 5 years of age)**

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

<b>1</b>	<b>Purpose:</b>	<input type="checkbox"/> Enrolment      OR <input type="checkbox"/> Update		
<b>2</b>	<b>Resident status:</b>	<input type="checkbox"/> Resident Indian      OR <input type="checkbox"/> Non-Resident Indian (NRI) {See paragraph 1(c) of the declaration below this form}		
<b>3</b>	<b>Demographic information</b> (For update, please fill only the information to be updated):			
	<b>(a) Name:</b> (Please fill as given in the document presented in support of the POI, while omitting any titles, honorifics and aliases)			
	<b>(b) Gender:</b>	<input type="checkbox"/> Female	<b>(c) Date of Birth:</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (DDMMYYYY) OR <b>Age:</b> <input type="text"/> <input type="text"/> years <input type="checkbox"/> Male <input type="checkbox"/> Verified OR <input type="checkbox"/> Declared OR <input type="checkbox"/> Approximate (only for age) <input type="checkbox"/> Third gender / Transgender (For declared or approximate, only year of declared/approximate birth will be printed on Aadhaar card)
	<b>(d) Email:</b>		<b>(e) Mobile number:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>4</b>	<b>Basis of enrolment/update:</b> <input type="checkbox"/> Document verification OR <input type="checkbox"/> Confirmation by Head(s) of Family {HoF(s)}			
<b>5</b>	<b>For document-based enrolment/update, additional demographic information and documents presented:</b> (Address information should be filled only in case of enrolment or update of address)			
	<b>(a)</b> Care of (optional):			
	<b>Address:</b>			
	House no. / Building / Flat no.:		Street:	
	Landmark:		Ward no.:	
	Village/Town/City:		Area/Locality/Sector:	
	Post Office (mandatory):		PIN code (mandatory): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	Sub-district:		District:	
	State:			
	<b>(b) Type of documents presented:</b> (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):	
<b>6</b>	<b>For HoF-based enrolment or update of address, additional information and documents presented:</b>			
	<b>(a) Details of HoF(s):</b>	(i) Name of child's mother:		Aadhaar no.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
AND/OR				
(ii) Name of child's father:		Aadhaar no.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
		(iii) If details of only one parent are given, whether the other parent is currently not residing with the child:		<input type="checkbox"/> Yes <input type="checkbox"/> No
	OR			
	(iv) Name of legal guardian:		Aadhaar no.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	(v) Relationship with the child:		<input type="checkbox"/> Mother AND/OR <input type="checkbox"/> Father    OR <input type="checkbox"/> Legal guardian	
	<b>(b) Type of Proof of Relationship (POR) document presented:</b> (See "List of acceptable supporting documents" displayed on the website of UIDAI and enrolment centres)			
	I/We confirm the identity of the child named above and that she/he is related to me/us as mentioned. I/we hereby consent that my biometric information, or that of either of us, may be used to establish the identity of one of us through biometric-based authentication, and that the address recorded against the authenticated Aadhaar number may be recorded as the address against the Aadhaar number of the child.			
	Signature of: Mother:		AND/OR Father:	OR Legal guardian:
<b>7</b>	<b>For update, additional information:</b>			
	<b>(a) Aadhaar number of the child:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
	<b>(b) Information to be updated:</b> <input type="checkbox"/> Biometric (photo) <input type="checkbox"/> Name <input type="checkbox"/> Date of Birth <input type="checkbox"/> Gender <input type="checkbox"/> Address <input type="checkbox"/> Mobile <input type="checkbox"/> Email <input type="checkbox"/> Update of POI and POA documents			
<b>Declaration</b>				
1. I/We hereby confirm and declare that—				
(a) all the information and documents submitted is correct to the best of my/our knowledge and belief;				
(b) I am / we are entitled to the documents/information evidencing proofs cited above; and				
(c) the child is a resident of India (resided in India for 182 days or more in 12 months immediately preceding the child's enrolment) OR that the child is a Non-Resident Indian (valid Indian passport holding citizen who is not resident of India).				
2. I/We understand that if the above declaration is found to be incorrect, the Aadhaar number of the child may be deactivated and, in addition, action may be taken against me/us as per law.				
3. I/We 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/We hereby give my/our consent for electronically obtaining information evidencing proof of identity, address, 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:		Mother:	AND/OR Father:	OR Legal guardian:
Signature of verifier:		Name of verifier:		Date and time: