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Father / Spouse Name*						_				_	+	_			_	_	-		-	_	╞	╞	<u> </u>	_	\square	\vdash	+	_
Mother Name*																												
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III. Offline verification	of Aadhaar					\times		$ \ge $	\times																			
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State/UT*						Ċ	Countr	у											С	oun	itry (Cod	e			as p	er IS(O 316

4.Contact Details (All communications will be sent on provided Mobile no. / Em	ail- ID) (Email Id in CAPITAL letters only) (Please refer instruction C at the end)
Email ID	
Mobile Tel. (Off)	Tel. (Res)
5.Remarks (If any)	
6.Applicant Declaration	
 I hereby declare that the details furnished above are true and correct to the best of my knowled changes therein, immediately. In case any of the above information is found to be false or untru I may be held liable for it. I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated aga my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along Intermediaries with whom I have a business relationship for KYC purposes only. Date D — M M — Y Y Y Place : Attestation / For Office Use Only Documents Received Certified Copies E-KYC data received from Equivalent e-document Video Based KYC 	ue or misleading or misrepresenting, I am aware that ue registered number/email address. painst Aadhaar details. I/We hereby consent to sharing g with passcode and as applicable, with KRA and other Signature / Thumb Impression] Signature / Thumb Impression of Applicant Om UIDAI Data received from Offline verification
KYC In-Person Verification (IPV) Carried Out by	Institution Details
	Name
Emp. Name	Code
Emp. Code	Emp. Branch
Emp. Designation	
Emp. Branch	
[Employee Signature]	[Institution Stamp]