

ENROLMENT FORM



Please use CAPITAL Letters

Pre-Enrollment number/ID:.....

Date/ /

PART A – Primary Details

Name (in capitals):.....

Date of Birth:// If not known, Age:

Gender: ☐ Male ☐ Female ☐ Transgender

Residential address:

C/o:.....

House Number and/or Name::

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Street Number and/or Name:

Landmark :

Village/Town/City:

District:

State: Pin Code:

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PART B Relation Details (compulsory for children less than 5 years of age)

Name:

Relationship (Mother, Father, Wife, Husband or Guardian) – Tick the relationship

Aadhaar / Enrolment number:.....

Part C- Additional Information

Phone No./Mobile No. (optional):.....

Email (optional):

Part D – Financial Information

(i) ☐ I want to open a new bank A/c linked to Aadhaar

(ii) ☐ I want to link my existing bank A/c to Aadhaar

Branch: A/c No. :

Name: IFSC Code :

Signature/Thumbprint of Verifier

Signature/Thumbprint of Resident