

Correction Application for Birth Teor/ Certificate

Applicant Details

1. Form to be filled legibly in English in BLOCK LETTERS *

2. Fields marked with an (*) are compulsory.

Applicant's Name*:			_____												
Aadhaar No.:			_____												
Address*:			_____												
Date of Application :		_____	Mobile No.*:		_____										
Tick wherever proposed correction are required in the existing Teor document <input checked="" type="checkbox"/>															
<input type="checkbox"/> Name	<input type="checkbox"/> Father's Name	<input type="checkbox"/> Mother's Name	<input type="checkbox"/> Grandfather's Name	<input type="checkbox"/> Grandmother's Name	<input type="checkbox"/> Date of Birth										
Existing Name*:			(First name)	(Middle name)	(Last name)										
Proposed Name:			(First name)	(Middle name)	(Last name)										
Existing Father's Name*:			(First name)	(Middle name)	(Last name)										
Proposed Father's Name:			(First name)	(Middle name)	(Last name)										
Existing Mother's Name:			(First name)	(Middle name)	(Last name)										
Proposed Mother's Name*:			(First name)	(Middle name)	(Last name)										
Existing Grandfather's Name:			(First name)	(Middle name)	(Last name)										
Proposed Grandfather's Name:			(First name)	(Middle name)	(Last name)										
Existing Grandmother Name:			(First name)	(Middle name)	(Last name)										
Proposed Grandmother Name:			(First name)	(Middle name)	(Last name)										
Existing Date of Birth* :			<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>											Place of Birth : _____	
Proposed Date of Birth :			<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>											Taluka: _____	
Date of Birth Registration :			<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>											Place of Registration*: _____	
Birth Registration No. :			_____	Aadhaar No: _____											
Relation with the applicant*:			_____	Mobile No.*: _____											

Consent to Aadhaar

I, holder of Aadhar card , hereby give my consent to Civil Registrar cum Sub Registrar _____ to obtain my aadhar number, name and fingerprints/iris for authentication with UIDAI, for obtaining teor details of _____
 Civil Registrar cum Sub Registrar has informed me that my identity information would only be used for the purpose of availing scheme benefit and also informed that my biometrics will not be stored/shared and will be submitted to Central Identities Data Repository (CIDR) only for the purpose of authentication.

Declaration

I the undersigned Shri/Smt _____ declare that this information is complete and true to the best of my knowledge.

Place: _____

(Applicant's signature)

Date: _____
