221702

Mangaon Taluka Education Society's

Doshi Vakil Arts College and GCUB Science & Commerce College,

Goregaon- Raigad Department of Marathi Activity Report

	Activity Report				
Academic Year	2021-22				
Activity No.					
Name of the Activity	आधार कार्ड दुरुस्ती				
Date	१७/२/२०२२ -१८/२/२०२२				
Time	सकाळी १०.०० वाजता - २.०० वाजता				
Venue	महाविद्यालय सभागृह				
Organized By	मराठी विभाग, डी.एल.एल.ई., एनएन. एस., एन. एन. सी. आणि आय.क्यू. ए.सी.				
Convenor/ Co-Ordinator	प्रा. ईश्वर ढोले				
Activity for College/Class/Group	महाविद्यालय				
No. of Beneficiaries	86				
Objectives of Activity	आधार कार्डातील चुकांची दुरुस्ती				
Brief Information about activity	महाविद्यालयात आधार कार्ड दुरूस्ती शिबिराचे आयोजन करण्यात आले. शिषुवृत्ती प्रपत्र भरण्यासाठी आदर कार्डातील चुकांची दुरुस्ती आवशक होती त्याचा फायदा विद्यार्थ्यांना झाला.				
Outcome	आधार कार्डातील दुरुस्ती झाली.				
Feedback Analysis	चांगला प्रतिसाद मिळाला.				

PART OF THE PART O

HEATE DEPARTMENT OF HARATHI Mangaon Taluka Education Society's Doshi Vakii Arts College and G.C.U.B. Science & Commerce College Goregaon Raigad (402103)



PARHICAPAL

Mangaon Taluka Education Society's
Doshi Vakil Arts College and
C.U.B. Science & Commerce College
Goregaon-Raigad (402 103)

सूचना

महाविद्यालयातील सर्व विद्यार्थ्यांना कळविण्यात येते की, IQAC, मराठी विभाग, एन.एस.एस. एन.सी.सी. व डी.एल.एल.ई. या विभागामार्फत दि. १७ फेब्रुवारी २०२२ (गुरुवार) व १८ फेब्रुवारी (शुक्रवार) २०२२ रोजी भारतीय डाक विभाग गोरेगांव यांच्या कडून 'आधारकार्ड दुरुस्ती शिबीर' आयोजित करण्यात येत आहे. या शिबीरामध्ये नाव, जन्मतारीख, पत्ता इ. दुरुस्ती तसेच आधार लिंक व शिष्यवृत्ती खाते काढण्याची सुविधा आहे. हे बदल नाममात्र शुल्क आकारून केले जाणार आहेत. ज्या विद्यार्थ्यांना आधारकार्डात दुरुस्ती करावयाची आहे त्यांनी आपले आधारकार्ड व मोबाईल सोबत घेऊन येणे. तरी या शिबीराचा सर्व विद्यार्थ्यांनी लाभ घ्यावा.

स्थळ :- सभागृह वेळापत्रक पुढील प्रमाणे -्

दिनांक १७ फेब्रुवारी २०२२ (गुरुवार)

दिनाक १७ फेब्रुवारा २०२२ (जुटमार)							
वर्ग	वेळ						
प्रथम वर्ष कला	सकाळी १० .०० ते ११.००						
	सकाळी ११ .०० ते १२.००						
	दुपारी १२. ०० ते ०१.००						
	दुपारी ०१. ०० ते ०२.००						
व्दितीय वर्ष वाणिज्य	दुपारी ०२.०० ते ०३.००						
	वर्ग प्रथम वर्ष कला प्रथम वर्ष वाणिज्य प्रथम वर्ष विज्ञान द्धितीय वर्ष कला						

दिनांक १८ फेब्रुवारी २०२२ (शुक्रवार)

(दनाक १८ फेब्रुवारा २०२२ (सुक्रवार)						
अ.क.	वर्ग	वेळ				
9	व्दितीय वर्ष विज्ञान	सकाळी १० .०० ते ११.००				
5	तृतीय वर्ष कला	सकाळी ११ .०० ते १२.००				
3	तृतीय वर्ष वाणिज्य	दुपारी १२. ०० ते ०१.००				
8	तृतीय वर्ष विज्ञान	दुपारी ०१. ०० ते ०२.००				



(डॉ.जर्नादन सिंद्राम् होटकर)

Mangaon Taluka Education Society's Doshi Vakil Arts College and G.C.U.B. Science & Commerce College Goregaon-Raigad (402 103)



आधार कार्ड दुरुस्ती







आधार दुरुस्ती

Photo of Events





GOREGAON RAIGAD 402 103





MangaonTaluka Education Society's

DoshiVakil Arts College and G.C.U.B. Science & Commerce College

At-Goregaon, Tal-Mangaon, Dist-Raigad- 402103

🕿(02140) 250348, 🖊 srcollegegoregaon@gmail.com, 🕽: www.dvcgoregaon.edu.m Permanently Affiliated to University of Mumbai& Accredited by NAAC with 'B' Grade

Mr. Ramanlal N. Sheth President

Mr. Dilip N. Sheth Chairman

Mr. ShantilalR. Metha President (CDC)

Dr. Janardan S. Hotkar

Principal

जा.क./ ५३२ /कवाविम/२०२१-२२

दिनांक:- १०/०२/२०२२

प्रति. मा. उपडाकपाल, उपडाकघर, गोरेगांव. ता. माणगांव, नि. रायगड.

विषय :- आधार दुरूस्ती व शिष्यवृत्ती खाते कॅम्प मिळणे बाबत.....

महोदय,

आमच्या महाविद्यालयात आधार दुकस्ती व शिष्यवृत्ती खाते उघडण्यासाठी आपल्या कडून दिनांक १७ व १८ फेब्रुवारी २०२२ रोजी कॅम्पचे आयोजन करण्यात यावे, ही नम्र विनंती.

कळावे.

GOREGAON

PRINCHERS.

Mangaon Taluka Education Society's Doshi Vakil Arts College and G.C.U.B. Science & Commerce College Goregaon-Raigad (402 103)

Local Sold Sam



MangaonTaluka Education Society's

DoshiVakil Arts College and G.C.U.B. Science & Commerce College

At-Goregaon, Tal-Mangaon, Dist-Raigad- 402103

Permanently Affiliated to University of Mumbask Accredited by NAAC with B. Grade

Mr. Ramanial N. Sheth President Mr. Dilip N. Sheth Chairman Mr. ShantilafR. Metha

Dr. Janardan S. Hotkar

President (CDC)

Promountal

जा.क./ष्यर/कवाविम/२०२१-२२

दिनांक:- २१/०२/२०२२

प्रति, मा. उप हाकपाल, उप हाकघर, मोरेमंथ, ता. माणमांव, जि. राथमह.

महोदय,

दिनांक १७/०२/२०२२ (गुरुवार) व दिनांक १८/०२/२०२२ (शुक्रवार) रोजी आपल्या कार्यालयाकडून आमच्या महाविद्यालयात आधार दुरुस्ती शिबीर घेण्यात आले. या शिबीराचा आमच्या विद्यार्थ्यांना खूप फायदा झाला व छान सुविधा मिळाली. आपल्या सहकार्याबददल मनःपूर्वक आभार! यापुढेही असेच सहकार्य आपल्या कार्यालयाकडून मिळावे ही विनंती.

घन्यवाद!

कळावे.

GOREGAON RAIGAD 402103

PRIMATIPAL

Mangaon Taluka Education Society's

Doshi Vakil Arts College and

G.C.U.B. Science & Commerce College Coregaon-Raigad (402 103)

Jan a



Under Section 3 of THE AADHAAR (TARGETED DELIVERY OF FINANCIAL AND OTHER SUBSIDIES, BENEFITS AND SERVICES) ACT, 2016 (Audhann Act)

AADNAAR ENROLMENT/UPDATE FORM



Another Enrolment is free and voluntary. No charges are applicable for Form & Andhaar Enrolment.
In case of Update, provide your UID, Name and only that field which needs Update.
Please follow the instructions overleaf while filling up the form. Use capital letters only.

1 Pre-Enrolment ID: UID (In case of Update): 9481 1801 4955 3 **Pull Name:** Date of Birth: | DD | MM | YYYY | Age: Yrs on Gender: Male() Female() Transgender() 5 Declared 🗌 Verified 6 Address: C/o(). NAME House No/ Bldg./Apt. Street/Road/Lane Landmark Area/locality/sector Village/Town/City Post Office District Sub-District State E Mail Mobile No 177144967244 PIN CODE Details of : Father () Mother () Guardian () Husband () Wife () For children below 5 years Father/Mother/Guardian's details are mandatory. Adults can opt to not specify this information, if they cannot/do not want to disclose Name Verification Type : Document Based () Introducer Based () Head of Family () Select only one of the above. Select Introducer or Head of Family only if you do not possess any documentary proof of identity and/or address. Introducer and Head of Family details are not required in case of Document based Verification. ε For Document Based (Write Names of the documents produced. Refer overleaf of this form for list of valid documents) a. POI b. POA c. DOB d. POR (Mandatory in case of Verified Date of Birth) For HoF Based - Details of : Father () Mother () Guardian () Husband () Wife () For Introducer Based - Introducer's HoF's Eld/Aadhaar No.: | | | | | | | | | | | | | | | | Aadhaar No. | | | | | | | | | | | | dd |mm| yyyy|hh: mm: ssl hereby confirm the identity and address of as being true, correct and accurate. Introducer/HoF's Name: Signature of Introducer/HOF Disclosure under section 3(2) of THE AADHAAR (TARGETED DELIVERY OF FINANCIAL AND OTHER SUBSIDIES, BENEFITS AND SERVICES) ACT, 2016 I confirm that I have been residing in India for at least 182 days in the preceding 12 months & information (including biometrics) provided by me to the UIDAL is my own and is true, correct and accurate. I am aware that my information including biometrics will be used for generation of Aadhaar and authentication. I understand that my identity information (except core biometric) may be provided to an agency only with my consent during authentication or as per the provisions of the Aadhaar Act. I have a right to access in videntity information (except core biometrics) following the procedure laid down by UIDAI. Verifier's Stamp and Signature: (Verifier must put his/her Name/If stamp is not available) Applicant's signature/Thumbprint To be filled by the Enrolment Agency only:

ed person, the signature will be done by Legal Guardian of Incapacitated Person.

Note: In case of minor, the signature will be done by parent/guardia



Under Section 8 of THE AADHAAR (TARGETED DELIVERY OF FINANCIAL AND OTHER SUBSIDIES, BENEFITS AND SERVICES) ACT, 2016 (Aadhaar Act)

AADHAAR ENROLMENT/UPDATE FORM



Addhaar Enrolment is free and voluntary. No charges are applicable for Form & Aadhaar Enrolment. In case of Update, provide your UID, Name and only that field which needs Update.

Please follow the instructions overleaf while filling up the form. Use capital letters only

1 Pre-Enrolment ID: 2 UID (In case of Update): 9066 0134 4294 3 Full Name: 4 Gender: Male () Female () Transgender () 5 Age: Yrs on Date of Birth: DD MM YYYY 6 Address: C/o () . NAME House No/ Bidg./Apt. Street/Road/Lane Landmark Area/locality/sector Village/Town/City Post Office District Sub-District State E Mail (PCD) ad it Situation of Sub-District State E Mail (PCD) ad it Situation of Sub-District State E Mail (PCD) ad it Situation of Sub-District State E Mail (PCD) ad it Situation of Sub-District State E Mail (PCD) ad it Situation of Sub-District State E Mail (PCD) ad it Situation of Sub-District State E Mail (PCD) ad it Situation of Sub-District State E Mail (PCD) ad it Situation of Sub-District State E Mail (PCD) ad it Situation of Sub-District State E Mail (PCD) ad it Situation of Sub-District State E Mail (PCD) ad it Situation of Sub-District State State E Mail (PCD) ad it Situation of Sub-District State State E Mail (PCD) ad it Situation of Sub-District State State E Mail (PCD) ad it Situation of Sub-District State State E Mail (PCD) ad it Situation of Sub-District State State E Mail (PCD) ad it Situation of Sub-District State State E Mail (PCD) ad it Situation of Sub-District State State E Mail (PCD) ad it Situation of Sub-District State E Mail (PCD) ad it Situation of Sub-District State E Mail (PCD) ad it Situation of Sub-District State E Mail (PCD) add (PCD) State of Sub-District State E Mail (PCD) add (PCD) State of Sub-District State			rease follow the instructions overled while filling up the form. Use capital letters only.						etters only.	
4 Gender: Male () Female () Transgender () 5 Age: Yrs on Date of Birth: DD MM YYYY 6 Address: C/o (). NAME House No/ Bidg./Apt. Street/Road/Lane Landmark Area/locality/sector Village/Town/City Post Office District State E Mail (TXI) Add Children Sub-District State E Mail (1								
Declared Verified		3	Full Name:	·						
Address: C/o () . NAME			Gender: Male () Female () Transgend	der ()	5	Age:	Yrs or			
Landmark		6	Address: C/o(). NAME							
Village/Town/City Dost Office		House No/ Bldg./Apt.				et/Road	/Lane			
District E Mail Michael & State E Mail Michael & State E Mail Michael & State Details of: Father () Mother () Guardian () Husband () Wife () For children below S years fether/Mother/Goordian's details are mandatory. Adults can age to not specify this information, if they cannot/file not worst to disclose. Name EID/ Aadhaar No.:						Area/locality/sector				
E Mail modulation and the standing modulation of						Post Office				
E Mail MOUNCIL STON Mobile No 18 9 4 8 4 6 4 6 4 7 PIN CODE			District Sub-Distric		ct				State	
Details of: Father () Mother () Guardian () Husband () Wife () Revidence below 5 years Fether/Nother/Guardian's details are mandatoxy. Adubs can opt to not specify this information. If they cannot/do not wont to disclose. Name			E Mail methodik shital 3700	Mobile No	18	954	B K-161	264		
Verification Type: Document Based () Introducer Based () Head of Family () Select only one of the above. Select Introducer or Head of Family only if you do not possess any documentary proof of identity and/or address. Introducer and Head of Family details are not required in case of Document based Verification. 8		7	Details of : Father () Mother () Guardian	/ \ Hushan	4//14	1:5-11				
Verification Type: Document Based () Introducer Based () Head of Family () Select only one of the above. Select Introducer or Head of Family only if you do not possess any documentary proof of identity and/or address. Introducer and Head of Family details are not required in case of Document based Verification. 8			Name	re manaatory. Ad	uits can	opt to not sp	ecify thi s Inform	ation, if the	y cannot/do not want to disclose.	
Verification Type: Document Based () Introducer Based () Head of Family () Select only one of the above. Select Introducer or Head of Family only if you do not possess any documentary proof of identity and/or address. Introducer and Head of Family details are not required in case of Document based Verification. 8			EID/ Aadhaar No.:	dd	Imm	l wwih	h: mm: ss!			
select only one of the above. Select Introducer or Head of Family only if you do not possess any documentary proof of identity and/or address. Introducer and Head of Family details are not required in case of Document based Verification. 8		Veri	fication Type : Document Based () Introduc	or Paced /	\ 11	1 -65				
For Document Based (Write Names of the documents produced. Refer overleaf of this form for list of valid documents) a. POI b. POA c. DOB (Mandatory in case of Verified Date of Birth) g For Introducer Based — Introducer's Aadhaar No.		Sele	ct only one of the above. Select Introducer of	r Head of E) Head	of Fami	lly ()			
a. POI b. POA c. DOB (Mandatory in case of Vertical Date of Birth) g For Introducer Based — Introducer's Aadhaar No.		iden	itity and/or address. Introducer and Head of	Family deta	ils ar	not rec	uired in sec	ossess a	ny documentary proof of	
a. POI c. DOB (Mandatory in case of Verified Date of Birth) g For Introducer Based — Introducer's Aadhaar No.		8	For Document Based (Write Names of the docume	ents produced. R	efer ov	rleaf of this	form for list of	valid docu	cument based Verification.	
For Introducer Based – Introducer's Aadhaar No.:		a.								
hereby confirm the identity and address of					d. POR					
Introducer/HoF's Name: Signature of Introducer/HOF Disclosure under section 3(2) of THE AADHAAR (TARGETED DELIVERY OF FINANCIAL AND OTHER SUBSIDIES, BENEFITS AND SERVICES) ACT, 2016 I confirm that I have been residing in India for at least 182 days in the preceding 12 months & information (including biometrics) provided by me to the UIDAI is my own and is true, correct and accurate. I am aware that my information including biometrics will be used for generation of Aadhaar and authentication. I understand that my identity information (except core biometric) may be provided to an agency only with my consent during authentication or as per the provisions of the Aadhaar Act. I have a right to access the providentity information (except core biometrics) following the procedure laid down by UIDAI. Verifier's Stamp and Signature: (Verifier must put his/her Name. If stamp is not available) Applicant's signature/Thumbprint To be filled by the Enrolment Agency only: Note: in case of minor, the signature will be done by provent/available.		9		nor s Eld/Aadnaar No.:			1111			
Disclosure under section 3(2) of THE AADHAAR (TARGETED DELIVERY OF FINANCIAL AND OTHER SUBSIDIES, BENEFITS AND SERVICES) ACT, 2016 I confirm that I have been residing in India for at least 182 days in the preceding 12 months & information (including biometrics) provided by me to the UIDAI is my own and is true, correct and accurate. I am aware that my information including biometrics will be used for generation of Aadhaar and authentication. I understand that my identity information (except core biometric) may be provided to an agency only with my consent during authentication or as per the provisions of the Aadhaar Act. I have a right to accept my identity information (except core biometrics) following the procedure laid down by UIDAI. Verifier's Stamp and Signature: Verifier must put his/her Name. If stamp is not available) Date & time of Epitatics. Note: In case of minor, the signature will be done by present (up to the procedure).		her	eby confirm the identity and address of							
Disclosure under section 3(2) of THE AADHAAR (TARGETED DELIVERY OF FINANCIAL AND OTHER SUBSIDIES, BENEFITS AND SERVICES) ACT, 2016 I confirm that I have been residing in India for at least 182 days in the preceding 12 months & information (including biometrics) provided by me to the UIDAI is my own and is true, correct and accurate. I am aware that my information including biometrics will be used for generation of Aadhaar and authentication. I understand that my identity information (except core biometric) right to access the providentity information (except core biometrics) following the procedure laid down by UIDAI. Verifier's Stamp and Signature: (Verifier must put his/her Name, if stamp is not available) Date & time of Epidemic. Note: In case of minor, the signature will be done by paragraph and the signature will be signature.		Intro	oducer/HoF's Name:							
I confirm that I have been residing in India for at least 182 days in the preceding 12 months & information (including biometrics) provided by me to the UIDAI Is my own and is true, correct and accurate. I am aware that my information including biometrics will be used for generation of Aadhaar and authentication. I understand that my identity information (except core biometric) may be provided to an agency only with my consent during authentication or as per the provisions of the Aadhaar Act. I have a right to access my identity information (except core biometrics) following the procedure laid down by UIDAI. Verifier's Stamp and Signature: (Verifier must put his/her Name, if stamp is not available) Applicant's signature/Thumbprint Date & time of Epiponit: Date & time of Epiponit:										
will be used for generation of Aadhaar and authentication. I understand that my information including biometrics may be provided to an agency only with my consent during authentication or as per the provisions of the Aadhaar Act. I have a right to access my identity information (except core biometrics) following the procedure laid down by UIDAI. Verifier's Stamp and signature: (Verifier must put his/her Name, if stamp is not available) Applicant's signature/Thumbprint To be filled by the Enrolment Agency only: Date of time of Enrolment: Note: In case of minor, the signature will be done by passet/available.	Dis SEI	closu RVICE	re under section 3(2) of THE AADHAAR (TA S) ACT, 2016	RGETED DE	LIVER	Y OF FIN	ANCIAL AN	ID OTH	ER SUBSIDIES, BENEFITS AND	
will be used for generation of Aadhaar and authentication. I understand that my information including biometrics may be provided to an agency only with my consent during authentication or as per the provisions of the Aadhaar Act. I have a right to access my identity information (except core biometrics) following the procedure laid down by UIDAI. Verifier's Stamp and signature: (Verifier must put his/her Name, if stamp is not available) Applicant's signature/Thumbprint To be filled by the Enrolment Agency only: Note: In case of minor, the signature will be done by passet/available and the content and accurate. I am aware that my information including biometrics and accurate. I am aware that my information including biometrics are aware that my information (except core biometrics) following the provisions of the Aadhaar Act. I have a core aware that my information including biometrics are aware that my infor	Lean from that I have been seen as the second secon									
will be used for generation of Aadhaar and authentication. I understand that my information including biometrics may be provided to an agency only with my consent during authentication or as per the provisions of the Aadhaar Act. I have a right to access my identity information (except core biometrics) following the procedure laid down by UIDAI. Verifier's Stamp and signature: (Verifier must put his/her Name, if stamp is not available) Applicant's signature/Thumbprint To be filled by the Enrolment Agency only: Date of time of Enrolment: Note: In case of minor, the signature will be done by passet/available.	Dro	wide	thums to the UDAL is seen india for at least	st 182 days i	in the	precedir	ng 12 mont	hs & inf	ormation (including biometrics)	
may be provided to an agency only with my consent during authentication or as per the provisions of the Aadhaar Act. I have a right to access my identity information (except core biometrics) following the procedure laid down by UIDAI. Verifier's Stemp and Signature: (Verifier must put his/her Name, if stamp is not available) Applicant's signature/Thumbprint To be filled by the Enrolment Agency only: Note: In case of minor, the signature will be done by passet/available and the signature will be done by passet/available.	provided by me to the UIDAL is my own and is true, correct and accurate. I am aware that my information including biometrics									
right to access my identity information (except core biometrics) following the procedure laid down by UIDAI. Verifier's Stemp and Signature: (Verifier must put his/her Name, if stamp is not available) Applicant's signature/Thumbprint To be filled by the Enrolment Agency only: Date & time of Enrolment: Note: In case of minor, the signature will be done by passet/available and the provisions of the Aadhaar Act. I have a signature in the provisions of the Aadhaar Act. I have a signature will be done by passet/available.	may be provided to an agent and authentication. I understand that my identity information (except core biometric)									
Verifier's Stamp and Signature: (Verifier must put his/her Name, if stamp is not available) Applicant's signature/Thumbprint To be filled by the Enrolment Agency only: Date & time of Enrolment: Note: In case of minor, the signature will be done by passed (and its property and its property a	right to accept any ideath at a second and in									
Note: In case of minor, the signature will be done by passet (quadratic form).	Verifier's Stemp and Signature:									
Note: In case of minor, the signature will be done by passet (quadratic form).	(Verifier must put his/her Name, if stamp is not available)									
Note: In case of minor, the signature will be done by passet (quadratic form).				Sa COURCE	UN.	S. S.	I.	Applica	nt's signature/Thumbprint	
Note: In case of minor, the signature will be done by parent/guardian. In case of minor, the signature will be done by Legal Guardian of Incapacitated Person.	Tob									
	Note	Note: In case of minor, the signature will be done by parent/guardian. In case of minor, the signature will be done by Legal Guardian of incapacitated Person.								