

APPLICATION FOR DIGITAL SIGNATURE CERTIFICATE



(For Subscribers of GOVERNMENT ORGANISATION / AGENCIES / DEPARTMENTS)

Application ID Number (For office use only):

Instructions:

1. Please fill the form in BLOCK LETTERS and (*) MARKED Fields are Mandatory.
2. Inconsistent/incomplete applications are liable to be rejected.
3. Attestation of documents by any: Gazetted Officer OR Bank Manager OR Company Secretary OR Post Master OR present originals to our Registration Authority for verification & attestation.
4. All subscribers are advised to read Certification Practice Statement and Subscriber agreement eMudhra available at www.e-mudhra.com
5. At Par Cheque / Demand Draft to be drawn in favour of eMudhra Consumer Services Ltd.
6. For Class III Digital Signatures "In Person Verification" of the applicant is mandatory

Affix recent Photograph of applicant duly signed across

1A. CERTIFICATE CLASS:*	1B. CERTIFICATE CLASS:*	2. CERTIFICATE VALIDITY:*	3. USE TOKEN:*
<input type="checkbox"/> Class 2 Gold Organisation <input type="checkbox"/> Class 3 Platinum Organisation	<input type="checkbox"/> Signature	<input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Year	<input type="checkbox"/> Required <input type="checkbox"/> Not Required

APPLICANT DETAILS* (As per applicant's valid ID Proof at Sl.No.11 below)

4. Name: * Mr./Ms./Dr. F I R S T N A M E M I D D L E N A M E L A S T N A M E

5. Date of Birth: * D D M M Y Y Y Y 6. Gender: * Male Female 7. Nationality I N D I A N

8. Father/Spouse's Name 9. Residential Status* Resident

ORGANISATION DETAILS* (Door No., Name of the premises, Road, Area, City, State and Pin Code needs to be filled)

10. Organisation Details: * Corporate Office Head Office Registered Office Branch Office

Organisation Name

Designation of the Applicant Employee Code of the Applicant

Date of Incorporation D D M M Y Y Y Y Department

Registration Number

Address :

Pincode City State

Telephone No. (e.g. +91-80-23333333) Mobile No. (e.g. + 91-9999999999)

Fax No. (e.g. +91-80-23333333)

Corporate Website (URL)

PAN No. of Organisation* Attach photo copy)

Organisations Bank Account Details: *

Bank Name

Branch Name & Place

Account Type Savings Current

Account Number

IDENTIFICATION DETAILS*

11. E-Mail ID: * (Valid and active E-mail ID to be included in the Digital Signature Certificate)

12. a) PAN of the Applicant:

12. b) Valid Identity Documents: * Passport Copy of Driving License PAN card Post Office ID Card Organisation & Department ID Card with employee number

Bank Account Passbook containing the Photograph and signed by an individual with attestation by the concerned Bank official

Photo ID Card issued by the Ministry of Home Affairs of Centre/State Government Document ID Number

Any Government issued photo ID Card bearing the signatures of the individual

PAYMENT DETAILS*

13. Mode of Payment *

Online Cheque/DD

Online Payment Details

Transaction/Reference No.	<input type="text"/>
Bank Name	<input type="text"/>
Account Type	<input type="text"/>
Amount Rs.	<input type="text"/>
Date	<input type="text"/>

Cheque/DD Payment Details

Cheque /DD No.	<input type="text"/>
Bank & Branch Name	<input type="text"/>
Account Type	<input type="text"/>
Amount Rs.	<input type="text"/>
Date	<input type="text"/>

DECLARATION*

I hereby agree that I have read and understood the provisions of eMudhra Certification Practice Statement (CPS) and the subscriber agreement and will abide by the same. The information provided in this Digital Signature Certificate request form is true and correct to the best of my knowledge and I accept publishing my certificate information in eMudhra repository.

Date : _____ Place: _____ Name of the Applicant: _____
 Office Seal & Stamp: _____ Signature: _____

CHECKLIST OF DOCUMENTS TO BE SUBMITTED ALONG WITH THE APPLICATION*

- a. ID proof of applicant as selected in S.No. 12
- b. Authorisation letter in favour of the certificate applicant from the department / organisation as per format below

TO BE FILLED BY RA OFFICE ONLY*

I declare that the applicant has provided correct information in this application form. I have checked and verified the application form and supporting documents.

RA Name : _____
 Signature : _____
 Place : _____
 Date : _____
RA Seal & Stamp

AUTHORISATION LETTER FORMAT* (This is required on the organization letter head duly signed by the Head of Office or JS (Admin.) for Government Sector

To,
 eMudhra Consumer Services Limited
 3rd Floor, Sai Arcade, 56 Outer Ring Road
 Deverabeesanahalli, Opp Intel
 Bangalore 560103
 Phone: +91 80 4336 0000

Date: _____

Dear Sir,
 Sub: **Authorisation letter for obtaining Digital Signature Certificate.**

This is certify that Mr./Mrs./Miss. _____ (Certificate applicant) has provided correct information in the 'Application form for issue of Digital Signature Certificate' as a subscriber of Government Sector to the best of my knowledge and belief vide application form dated DD-MM-YYYY. I hereby authorize him/her, on behalf of our Organisation to apply for obtaining the following:

Class of Digital Signature Certificate issued by e-Mudhra.

Class 2 Gold Organisation Class 3 Platinum Organisation Class 3 Device/Server

Details of Executive Authorising the applicants:

Signature: _____ Name: _____
 Designation: _____ Employee Code: _____
 Department: _____ Office Seal and Stamp

CONTACT DETAILS

eMudhra Consumer Services Limited, D.No.2 / 30 A, 1st Floor, Natesa Pandaram Colony, Cherry Road, Landmark: Opp to Post Office, Salem - 636 007. Tamil Nadu
 Phone : +91 80 4336 0000 Fax : +91 80 4227 5306 Email : info@e-Mudhra.com Website : www.e-Mudhra.com