

APPLICATION FOR DIGITAL SIGNATURE CERTIFICATE



(FOR GOVERNMENT ORGANISATION/AGENCIES/ DEPARTMENTS)

Application ID Number (For office use only):

Instructions:

1. Please fill the form in BLOCK LETTERS only.
2. [*] MARKED Fields are Mandatory.
3. Any discrepancy or inconsistency in the form will lead to delay and / or rejection.
4. Attestation of documents by any: Company Secretary OR Director OR Head of the Department OR present originals to our Registration Authority for verification & attestation.
5. All subscribers are advised to read Certification Practice Statement of e-Mudhra available at www.e-Mudhra.com
6. Applicants for Class III shall present themselves at the RA location where the registration form for Digital Signature Certificate was sent, for verification of physical presence.

Affix recent passport size photograph of the applicant.

Applicant to sign across the photograph extended to application form

1A. CERTIFICATE CLASS*	1B. CERTIFICATE TYPE:*	2. CERTIFICATE VALIDITY:*	3. USB TOKEN:*
<input type="checkbox"/> Class 2 Gold Organisation	<input type="checkbox"/> Signature	<input type="checkbox"/> 1 Year	<input type="checkbox"/> Required
<input type="checkbox"/> Class 3 Platinum Organisation	<input type="checkbox"/> Encryption	<input type="checkbox"/> 2 Years	<input type="checkbox"/> Not Required
<input type="checkbox"/> Class 3 Device/Server	<input type="checkbox"/> SSL Server		

APPLICANT DETAILS* (As per applicant's valid ID Proof at Sl.No.11 below)			
4. Name:*	First Name	Middle Name	Last Name/Surname
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
5. Date of Birth:*	D D M M Y Y Y Y	6. Gender:*	<input type="checkbox"/> Male <input type="checkbox"/> Female
7. Nationality:*	I N D I A N	8. Residential Status:*	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident

CONTACT DETAILS*											
9. Office Address:*											
Organisation Name	<input style="width: 100%; height: 20px;" type="text"/>										
Designation	<input style="width: 100%; height: 20px;" type="text"/>										
Department	<input style="width: 100%; height: 20px;" type="text"/>										
Flat/Door/Block No.	<input style="width: 100%; height: 20px;" type="text"/>										
Name of the Premises/Building/Village	<input style="width: 100%; height: 20px;" type="text"/>										
Road/Street/Lane/Post Office	<input style="width: 100%; height: 20px;" type="text"/>										
Area/Locality/Taluka/Sub-division	<input style="width: 100%; height: 20px;" type="text"/>										
Town/City/District	<input style="width: 100%; height: 20px;" type="text"/>										
State/Union Territory	<input style="width: 100%; height: 20px;" type="text"/>										
Pincode	<input style="width: 100%; height: 20px;" type="text"/>										
Telephone No. (e.g.+91-80-23333333)	<input style="width: 100%; height: 20px;" type="text"/>										
Mobile No. (e.g.+91-9999999999)	<input style="width: 100%; height: 20px;" type="text"/>										
Fax No. (e.g.+91-80-23333333)	<input style="width: 100%; height: 20px;" type="text"/>										

IDENTIFICATION DETAILS*											
10. E-Mail ID:*	<i>(Valid and active E-mail ID to be included in the Digital Signature Certificate)</i>										
11. a) PAN Number:*	<input style="width: 100%; height: 20px;" type="text"/>										
11. b) Valid Identity Details:*	<input type="checkbox"/> Passport <input type="checkbox"/> Driving License <input type="checkbox"/> Voter's ID <input type="checkbox"/> Organisation Card <input type="checkbox"/> PAN Card										
	<i>(Please tick any one and fill the ID number and attach attested copy of ID proof)</i>	Number: <input style="width: 100%; height: 20px;" type="text"/>									

CHECK LIST OF DOCUMENTS TO BE SUBMITTED ALONG WITH THE APPLICATION*

- a. Attested copy of Organisation or Department ID card having Employee Identification No.
- b. Attested copy of any one Passport Driving License Voter's ID PAN Card
- c. Authorisation letter in favour of the certificate applicant from the organisation as per format below
- d. Domain Name registration proof from the registrar of Domains **(If applying for Device Certificate)**

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 Code: _____ Name: _____

Signature: _____

Date: _____ Place: _____

RA Seal & Stamp

AUTHORISATION LETTER FORMAT*

(This Authorisation Letter is required on the Organisation's letterhead)

To,
e-Mudhra, 3i Infotech Consumer Services Limited,
III Floor, Sai Arcade, 56, Outer Ring Road,
Devarabeesanahalli, Bangalore 560 103, Karnataka, India

Date:

D	D	M	M	Y	Y	Y	Y
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Dear Sir,

Sub: Authorisation letter for obtaining Digital Signature Certificate.

This is to certify that Mr. /Mrs./Miss. _____ (Certificate applicant) has provided correct information in the "Application Form for issue of Digital Signature Certificate" 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 Authorizing the Applicants:

Signature: _____

Name: _____

Designation: _____

Department: _____

Office Seal & Stamp _____

CONTACT DETAILS

e-Mudhra

3i Infotech Consumer Services Limited,
III Floor, Sai Arcade, 56, Outer Ring Road, Devarabeesanahalli, Bangalore 560 103, Karnataka, India
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