APPLICATION FOR DIGITAL SIGNATURE CERTIFICATE



(FOF	(FOR GOVERNMENT ORGANISATION/AGENCIES/ DEPARTMENTS)																					
Application ID Number (For office use only):																						
Instructions: 1. Please fill the form in BLOCK LETT 2. [*] MARKED Fields are Mandator 3. Any discrepancy or inconsistency 4. Attestation of documents by any: Registration Authority for verifica 5. All subscribers are advised to rea 6. Applicants for Class III shall prese Certificate was sent, for verification	y. in the form will lea : Company Secretal ition & attestation. d Certification Prac nt themselves at th	ry OR D tice Sta ne RA lo	irecto iteme	r OR I	Head e-Mu	of the dhra	availat	ole at <u>w</u>	ww.e-	<u>Mudh</u>	ra.com		ır		siz Ap _l	e pho ap olican the p	togr pplic it to phote	sign a ograp applic	of the	s		
1A. CERTIFICATE CLASS*	1B. CERT	TIFICA	TE T	YPE	*	1	2. CE	RTIFI	CATE	VAI	.IDIT	Y:*	3	. USI	в то	OKEI	N:*					
Class 2 Gold Organisation Class 3 Platinum Organisati Class 3 Device/Server	nature cryptic . Serve	on I Year											Required Not Required									
APPI	LICANT DETAI	LS* (/	As p	er a	ppli	cant	's va	lid ID	Pro	of at	SI.No	o.11 l	belo	w)								
4. Name:*			Mic	ddle	Nam	е		Last Name/Surname														
Mr. Ms. Dr.																						
5. Date of Birth:* D D M M Y Y Y 6. Gender:* Male											e Female											
7. Nationality:*	I N D I A	N				8	. Res	ident	ial S	tatu	s:*			Resi	iden	t [<u> </u>	on-R	esid	ent		
CONTACT DETAILS*																						
9. Office Address:*																						
Organisation Name																	T	\Box				
Designation																						
Department																						
Flat/Door/Block No.																						
Name of the Premises/Buildi																						
Road/Street/Lane/Post Offi																						
Area/Locality/Taluka/Sub-d	ivision																					
Town/City/District																						
State/Union Territory																						
Pincode																						
Telephone No. (e.g.+91-80-2	3333333)																					
Mobile No. (e.g.+91-9999999	9999)																					
Fax No. (e.g.+91-80-23333333	3)																					
IDENTIFICATION DETAILS*																						
10. E-Mail ID:* (Valid and actincluded in the Digital Signature Colors) 11. a) PAN Number:*		е																				
11. b) Valid Identity Details			Passport Driving Voter's ID Organisation										$\overline{\overline{}}$	PAN Card								
(Please tick any one and fill the ID	Please tick any one and fill the ID number and										יופו	טו כ	<u>ب</u>	Card	-							
attach attested copy of ID proof)	Numbe	r:																				

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																												Trus	t Del	liver	ed
1	2. DETAILS F	REC	UII	RE	DΙ	F A	APF	PLY	'IN	G I	FOI	R S	SEF	RVE	ER (CEI	RTI	FIC	CAT	Έ											
ISP Name																															
Domain Name																															
Domain IP Address																															
Physical Location (of Server H	osting)																														
Services offered on the websi	te																														
Name of registrar of Domain																															
Domain registration validity (E	DD/MM/YYYY)				Î																										
ORGANISATION DETAILS*																															
13. Organisation Details:* Head Office Regis									Off	ice	() B	ran	ıch	Of	ffic	e) C)th	ers	s Sp	oec	ify	:					
Name of the Head of Organisa	ation																													Т	_
Designation																													+	7	_
Email ID																													+	7	_
Name of the Govt. Org. or Ager	ncy or Dept.																													\exists	_
Administrative Ministry/Department																														\exists	_
Under State or Central Government																															
Flat/Door/Block No.																															
Name of the Premises/Building/Village																															
Road/Street/Lane/Post Office																															
Area/Locality/Taluka/Sub-division																															
Town/City/District																															
State/Union Territory																															
Pincode																															
Telephone No. (e.g.+91-80-23333333)																															
Mobile No. (e.g.+91-999999999)																															
Fax No. (e.g.+91-80-23333333)																															
Organisation Website (URL) if	any																														
Organisation's Bank Account	Details*																														
Bank Name									Account Type Savin									ngs	gs Current												
Branch Name & Place									Account Number																						
					PA'	ΥN	1E1	ΝT	DE	TA	ILS	5 *																			
14. Mode of Payment*										(О	nli	ne									Ch	eq	ue	/DI	D				
Online Payr	nent Details														Ch	eq	ue	/DI	D P	ау	me	ent	: D	eta	ils						
Transaction/Reference No.									Cheque/DD No.																						
Bank Name									Bank & Branch Name																						
Account Type									Account Type																						
Amount Rs.									Amount Rs.																						
Date	ate							Date																							
DECLARATION*																															
I hereby agree that I have read a agreement and will abide by the	same. The in	fori	mat	ior	n pr	ov	ide	d ii	n th	his	Dig	gita	l Si	gna	itur	e (Cer	tific	cate	e re	equ	ent iest	(CI t fo	PS) rm	an is	d tl tru	he s e a	sub nd	scri cor	ibe rec	r :t
to the best of my knowledge and I accept publishing my certificate Date: Place:								ıe							viu olic			cμ(JSIL	UI Y											
Office Seal & Stamp:											re:																				

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CHECK LIST OF DOCUMENTS TO BE SUBM	MITTED ALONG WITH THE ADDITIONS									
a. Attested copy of Organisation or Department ID card										
	b. Attested copy of any one Passport Driving License Voter's ID PAN Card									
c. Authorisation letter in favour of the certificate applica	nt 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 application form and supporting documents.	in this application form. Thave checked and verified the									
A Code: Name: gnature:										
Signature.										
Date: Place:	RA Seal & Stamp									
	·									
AUTHORISATION										
(This Authorisation Letter is require	d on the Organisation's letterhead)									
To,	-									
e-Mudhra, 3i Infotech Consumer Services Limited,	Date: D D M M Y Y Y Y									
III Floor, Sai Arcade, 56, Outer Ring Road,										
Devarabeesanahalli, Bangalore 560 103, Karnataka, India										
Dear Sir,										
bear sir,										
Sub: Authorisation letter for obtaining Digital Signa	ture Certificate.									
This is to soutify that NAV /NAV /NAV	(Contificate annihoont) has anno ideal									
This is to certify that Mr. /Mrs./Miss	(Certificate applicant) has provided									
correct information in the "Application Form for issue of Dig	,									
	uthorize him/her, on behalf of our Organisation to apply for									
obtaining the following Class of Digital Signature Certificate i Class 2 Gold Organisation Class 3 Platinur										
	Details of Executive Authorizing the Applicants:									
·	betails of Executive Authorizing the Applicants.									
Signature:										
Name:										
Designation:										
Department:										
Office Seal & Stamp										
CONTACT	CONTACT DETAILS									
e-Mudhra										
3i Infotech Consumer Services Limited,										
III Floor, Sai Arcade, 56, Outer Ring Road, Devarabeesanahalli, Bangalore 560 103, Karnataka, India Phone: +91 80 4227 5300 Fax: +91 80 4227 5306										
Email: info@e-Mudhra.com Website: www.e-Mudhra.com										

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