## APPLICATION FOR DIGITAL SIGNATURE CERTIFICATE - FOR INDIVIDUAL

e m	udhra
	Trust Delivered

Instructions:

- 1. Please fill the form in BLOCK LETTERS and (\*) MARKED Fields are Mandatory.
- 2. Any discrepancy or inconsistency in the form will lead to delay and / or rejection.
- 3. (\*\*) Attestation of documents by any: Public Notary Or Gazetted Officer OR Bank Manager Or present originals to our Registration Authority for verification & attestation.

Application ID Number (For office use only):

- 4. All subscribers are advised to read Certification Practice Statement and subscriber agreement of eMudhra available at www.e-mudhra.com
- 5. 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 photograph of the applicant duly signed across

b. All customer documents need	to be self attested	d by the customer also over an	a above the thi	a party	attestation										
1A. CERTIFICATE	CLASS*	1B. CERTIFICATE T	YPE*	2. CERTIFICATE VALIDITY*						3. USB TOKEN*					
Class 1 Silver Individual		Signature		1	Year				Required						
Class 2 Gold Individual				2	Years					Not Required					
Class 3 Platinum Individual															
APPLICANT DETAILS* (As per applicant's valid ID Proof and Address Proof at Sl.No.1 & 14 below)															
4. Name:* Mr./Ms./Dr.	F I R S	TNAME	MI	DL	ENA	МЕ				LA	S	TN	А	ME	
5. Date of Birth:*	D D M M	Y Y Y 6. Gender:*	Male F	emale	7. Resid	lential St	atus:*	Γ	Re	sident	t				
8. Father/ Spouse Name*:								9. <b>N</b>	 Vationa	ality:*		$\top$			
10. eMail ID* (Valid and active E-mai	I ID to be included in	the Digital Signature Certificate)								Ť	$\overline{\Box}$	Ŧ	$\overline{}$	一	
								$\overline{}$		十	$\pm$	$\pm$	$\Box$	一	
11. Residential Address (++):* (Do	or No., Name of the	oremises, Road, Area, City, State and	d Pin code needs t	o be filled	i)			-							
Pincode	City	y			State										
Telephone No. (e.g. +91-80-	,				e No. (e.g. +	91-9999	999999	9) [		$\perp$					
12. Office Address (++) :* (Door No., N	Name of the premises	s, Road, Area, City, State and Pin coo	de needs to be fille	d)											
Organisation Name & Address								4		<del></del>	Щ.	<del></del>	Щ		
								4	$\perp$	4	ightharpoonup	4	Щ	$\perp$	
				$\perp$				4		<del>_</del>		<del>_</del>	Щ		
Pincode	City	′		1	State			_		4	++	+	H	$\perp$	
Telephone No. (e.g. +91-80-			.rr	Mobile	e No. (e.g. +	91-9999	999999	9)			$\perp \perp \perp$		Ш		
(++) Address for com			ffice												
	Check lis	st for IDENTIFICATIO	N and DO	CUME	NTATIO	N DE	TAIL:	<b>S</b> *							
13. PAN Number :		Attested copy of PAN C	ard is mandator	y for obt	aining Certif	icate with	PAN								
14. Valid Identity Documents: *	Passport	Copy of Driving License	PAN ca	ırd	Post Office	e ID Card	l								
	Copy of Bar	nk Account Passbook containing	the Photograph	and sig	ned by an in	dividual v	vith atte	estatio	on by th	ne cor	ncerne	d Banl	k offic	cial	
	Photo ID Ca	ard issued by the Ministry of Hon	ne Affairs of Cer	tre/State	e Governme	nt									
	Any Govern	ment issued photo ID Card bear	ing the signatur	es of the	individual										
(Please tick any one and fill the	ID number and a	ttach attested (**) copy of ID p	roof) ID Pr	of Num	nber:						$\top$		7		
15. Valid Address Proof Docume			-	) Water E	Bill D)	Gas Con	nection		E) Ba	nk St	atemer	nts sia	_ ned b	ov the Ba	
		ervice Tax /VAT/Sales Tax registr			,				,					,	
		riving Licence/RC I) Vote			ssport	an 001 po	ration,	viailio	ipai oo	porac	1011100	,o.p.			
(Please tick any one and fill the	,	,		_ ,											
Note: For A to E the date of last All documents should have the	transaction shou	ild not be older than 3months	for S.No. F &	G the sa	me should	be pertai	n to th	e cur	rent fi	nanci	al yea	r.	_		
16. Payment Details : Cheque / D	DD No.	Other Modes : _				Amount	Rs.								
Date	D D M M	Y Y Y Bank:													
		DEC	LARATION	*											
I hereby agree that I have read The information provided in this E e-Mudhra repository.															
Date:	Place:				Cianotura -	the engli-	ont								
Seal & Stamp [If available]:		TO RE FILL	FD RY RA	OFFI	Signature of		arıı								
TO BE FILLED BY RA OFFICE ONLY*  Ideclare 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/ Seal:	55 Jon Jon Hornian	and approauditionin. Thave off	Date:	a ano app		Place	Ū	- GI I I O I							
		CONT	ACT DETAILS	S :											