DIGITAL CERTIFICATE FOR ORGANISATION - APPLICATION FORM



For Subscribers of GOVERNMENT ORGANISATION / AGENCIES / DEPARTMENTS

PLEASE FILL IN BLOCK LETTERS ONLY

Application ID ((For Office Use Only))				
Signature				Affix recent passport		
Encryption				size photograph of the applicant duly signed across		
CLASS	TYPE	VALIDITY	USB TOKEN	signed across		
Class 2	Signature	1 Year	Required			
Class 3	Encryption	2 Years	Not Required			
APPLICANT DET	AILS					
Name Mr./Ms./Dr.	LASTNAME	FIRS	TNAME	M I D D L E N A M E		
Date of Birth	D D M M Y Y Y	Gender Male	Female Nationality			
ORGANISATION	DETAILS					
Organisation Details	Corporate Office	Head Office	Registered Office	ce Branch Office		
Organisation Name						
Department						
Address						
City State Pin code Pin code						
Telephone						
PAN of Organisation						
IDENTIFICATION I	DETAILS					
Email ID						
PAN of the Applica	nt					
	ments (Any one of below	•				
Passport		g License	PAN Card	Post Office ID Card		
Aadhaar Card	Bank .	Account Passbook*	Government ID Car	u		
ID Number —						
Declaration						
I hereby agree that				ce 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 e-Mudhra repository.						
Date Date	To and book of my knowle	ago ana i accept publish	g, corunado imornido	is o maama ropository.		
Place						
L		Seal 8	Stamp (If any)	Signature of the applicant		



TO BE FILLED BY R						
I declare that the appli form and supporting d Date		ion in this application form. I hav	e checked and verified the application			
Place		RA Name, Code & Seal	Signature of RA			
Payment Details (Optional)					
Mode of Payment Online Transfer At-par Cheque / Demand Draft						
	Online Transfer Details		Cheque / DD Details			
Transaction / Ref No		Cheque/DD No				
Bank Name		Bank & Branch Name				
Account Type		Account Type				
Amount (₹)		Amount (₹)				
Date		Date				
	AUTHORISA	ATION LETTER FORMAT				
To,			Date:			
eMudhra Consumer Services I 3rd Floor, Sai Arcade, 56 Oute Deverabeesanahalli, Opp Intel Bangalore 560103 Phone: +91 80 4336 0000 Dear Sir,	er Ring Road					
	obtaining Digital Signature Certificate.					
This is certify that Mr./Mrs./Miss			on in the 'Application form for issue of Digital Signature			
Certificate" to the best of my know Class of Digital Signature Certific		/IM-YYYY. I hereby authorize him/her, on beha	If of our Organisation to apply for obtaining the following			
Class 2 Organisation	Class 3 Organisation	Class 3 Device/Server				
Details of Executive Authorisin						
Signature:	Name:					
Designation: Department:	Employee Code:		Office Seal and Stamp			

Instructions

<u>General</u>

- 1. Please fill the form in BLOCK LETTERS only.
- 2. Inconsistent/incomplete applications are liable to be rejected.
- 3. All subscribers are advised to read Certification Practice Statement Bank official.
 and Subscriberagreement eMudhra available at www.e-mudhra.com. 7. Bank Statement, the date of last transaction should not be older

Class of Certificate

4. For Class III Digital Signatures "In Person Verification" of the applicant is mandatory.

Email ID

5. Email ID in the application should be a valid and active email ID belonging to Applicant,in order to issue the certificate.

Document Proof

- 6. Bank Account Passbook should be containing the Photograph and signed by an individual with attestation by the concerned Bank official
- Bank Statement, the date of last transaction should not be older than 3 months.
- 8. All Address proof documents should have the complete address for the purpose of accepting the same as proof.
- 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.

Payment Details

10. At Par Cheque / Demand Draft to be drawn in favour of eMudhra Consumer Services Ltd.

Contact Details