

Version 1.3



CONFIDENTIAL

## APPLICATION FOR DIGITAL SIGNATURE CERTIFICATE - FOR ORGANISATION

Application ID Number (For office	use (	only):								] (Fo	or Si	ignat	ture	Арр	lica	ation	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.														Affix recent passport photograph of the applicant duly signed across																			
1A. CERTIFICATE CLASS* 1B. CERTIFICATE TYPE* 2. CERTIFICATE VALIDITY*													3. USB TOKEN*																				
Class 2 Gold Organisation	ganisation Signature 2 Years												~	Not Required																			
APPLICANT DETAILS*																																	
4. Name:* Mr./Ms./Dr.	F	IF	RS	T	N .	A	ΛЕ					I	VI		)	D	L	E	N A	1	1 E						L	A	S	T	IA	M	Ε
5. Date of Birth:*	D	DN	ЛМ	1 Y	Υ	ΥΥ		6. G	end	ler:*	ie	M	ale		F	emal	le		7	7. N	atio	na	ity	I	N	D	I	Α	N				
8. Father/Spouse's Name			I											Į	$\perp$				ç	). R	esic	den	tial	Sta	atus	*		~	R	eside	ent		
ORGANISATI	ON	DE1	ΓΑΙ	LS*	(Do	or N	No.,	Nam	ie o	f the	e pr	emi	ises	s, R	oa	d, A	rea	, C	ity,	Sta	te ar	nd F	Pin (	Cod	de n	eed	s to	be	fill	ed)			
10. Organisation Details: *			7	Corp	ora	te C	offic	е		Hea	ad C	Offic	се				Reç	gist	ere	d C	ffic	е		Br	anc	h C	offic	e					
Organisation Name			_			T		T	T									Τ								T		Т	Т	Т	Т		
Department	П		T	Ť		T		T																	Ť			Ť	Ť	T	T		
Registration Number	П		T			Ť	Ť	Ť	T																	Ť		Ť	Ť	T	T		
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Commencement / Partnership Agre Address :	emer	.11	T				+	Ť											T							Ť		Ť	Ť	Ŧ	T		ī
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Telephone No. (e.g.	+91-8	30-233	3333:					$^{+}$								Mol	oile I	_			1-999	9999	999	9) [		$\frac{\perp}{\perp}$	$\frac{\perp}{\parallel}$	Ŧ	$\pm$	$\pm$	$\pm$		
Fax No. (e.g. +91-80				,				<del> </del>	<u> </u>	<u> </u>									` `					′ L									
Corporate Website (URL			, T			$\frac{1}{1}$	+	$^+$								Τ	Т									$\top$		$\top$	$\top$	$\top$	$\top$		
PAN No. of Organisation* Attach pho	to con	(v)						+			l							I															
Organisations Bank Accou			s: *					+																									
Bank Name																												$\perp$	$\mathbb{I}$				
Branch Name & Place																												$\perp$	Τ				
Account Type		Sav	/ings		(	Curre	ent																										
Account Number																												$\perp$	$\perp$				
IDENTIFICATION DETAILS*																																	
11. E-Mail ID:* (Valid and active E-mail ID to be included in the Digital Signature Certificate)																																	
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12. a) PAN of the Applicant	:		$\mp$					T	1								-	-	-	-													
12. b) Valid Identity Documents: * Passport Copy of Driving License PAN card Post Office ID Card Aadhaar Card																																	
	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 No.																																
		Pho	πο IL	Card	ISSU	ed b	y the	Mini	stry	от Но	ome	Atta	irs c	ot Ce	entr	e/Sta	ate (	٥٧١ات	ernn	ient		ŊΟ	cum	ent	ID No	ο.							

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





			PAYMEN	IT DETAILS*				
	Online	Chemica/DD	- ATMEN	. DE IAILO				
13. Mode of Payment *		Cheque/DD						
Online Payment Detail	S			Cheque/DD Payme	ent Details			
Transaction/Reference No.				Cheque /DD No.				
Bank Name				Bank & Branch Name				Щ
Account Type				Account Type				
Amount Rs.				Amount Rs.				
Date				Date				
			DECL	ARATION				
provided in this Digital Signatu I hereby consent to revoke my eMudhra CA within 15 days of Place:	ure Certificate requ Digital Signature (	est form is true and co Certificate, if physical co	orrect to the bes	et of my knowledge and I a I Signature Certificate Appli Signature of the Applica		information in eM	ludhra rej	pository.
Date :				Name of the Applicant :				
				Office Seal and Stamp				
UNDER CHECK	LIST OF OR	GANISATION D	OCUMEN.	TS TO BE SUBMIT	TTED ALONG WITH 1	THE APPLIC	ATION	<b> </b> *
a. ID proof of applica	nt as selected in S	No 12						
	Latest Incomplete Organisation Profits in favour of the ce	e Tax Return Late	r OR Partner of est Organisation	n Bank details from the Bank		ssued by Chartered	d Account	tant
		то ве	FILLED B	Y RA OFFICE ONL	_Y*			
I declare that the applicant has p RA Name: Signature: Place:	orovided correct info	ormation in this applicati	ion form. I have o	checked and verified the app	olication form and supporting doc	cuments.		
Date :				RA Seal	I & Stamp			
Buto.		AUTH	ORISATIO	N LETTER FORMA	·			
eMudhra Consumer Services I 3rd Floor, Sai Arcade, 56 Oute Deverabeesanahalli, Opp Intel Phone: +91 80 4336 0000 Dear Sir,	r Ring Road,		Date : _	otaining Digital Signature Co	ertificate.			
This is certify that Mr./Mrs./Mis	is.				ct information in the 'Applicatio	n form for issue of	Digital S	ignature
	owledge and belief				her, on behalf of our Organisation		-	-
Class 2 Gold Organisation	-	Class 3 Platinum	Organisation	Γ	Class 3 Device / Server			
					Details of Executive A	Authorizing the	e Applie	cants :
				Signa			1.1	
				Na	ame:			
				Designa	ation :			
				Departn	ment:			
				Office Seal and Sta				

**CONTACT DETAILS** 

Superscribe the envelope with "Application form for DSC - NSDL". Please send the duly filled application to: eMudhra Consumer Services Limited, 3<sup>rd</sup> Floor, Sai Arcade, 56 Outer Ring Road, Deverabeesanahalli, Opp Intel, Bangalore 560 103. Karnataka