

**FOR ORGANISATION**

 Application ID : (S) 

(For Office Use Only)

PLEASE FILL IN BLOCK LETTERS ONLY. ALL FIELDS ARE MANDATORY

 More Instructions available at: <http://www.e-mudhra.com/instruction.html>
**APPLICANT INFORMATION**

LASTNAME										FIRST NAME										MIDDLE NAME									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Gender		<input type="checkbox"/> Male	<input type="checkbox"/> Female	Nationality		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
Organisation Name																													
Department																													
Org Address																													
<input type="text"/>																													
<input type="text"/>																													
City															Pin code														
State																													
PAN of Applicant															Mobile														
<input type="text"/>															<input type="text"/>														
Email ID																													
<input type="text"/>																													

Affix recent passport size photograph of the applicant duly signed across

<b>CLASS:</b>	<input checked="" type="checkbox"/> Class 2
<b>TYPE:</b>	<input checked="" type="checkbox"/> Signature
<b>VALIDITY:</b>	<input checked="" type="checkbox"/> 2 Years
<b>USB TOKEN</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**DOCUMENT PROOF** (attested by Authorized Signatory of the Organization)

 Organization Type:  Company  Partnership  Proprietorship  AOP/BOI  LLP  NGO/TRUST

Document Name	Company	Partnership	Proprietorship	AOP/BOI	LLP	NGO/Trust
Copy of Applicant's Organizational ID Card / Letter from Organization / Pay Slip	✓	✓	✓	✓	✓	✓
Copy of Organizational PAN Card	✓	✓		✓	✓	✓
Copy of Bank Statement (First 2 Pages)	✓	✓	✓	✓	✓	✓
Copy of Incorporation/Registration Certificate	✓			✓	✓	✓
Copy of AOA & MOA / Rules / Bye laws (First 2 Pages)	✓			✓	✓	✓
Copy of Last Income Tax Return / Audit Report & Annual Return / Self Affidavit with reason, if not available (First 2 Pages)	✓	✓	✓	✓	✓	✓
Copy of Partnership Deed / Trust Deed / LLP Agreement containing the List of Partners / Signatories (2 Pages)		✓			✓	✓
Copy of Business Registration Certificate (S&E / ST / VAT)			✓			
Proof of Authorized Signatory (Board Resolution)	✓			✓	✓	✓
Authorized Signatory Organizational ID Card / Self-Attested Letter of Organizational Identity	✓	✓	✓	✓	✓	✓
Copy of PAN Card of Applicant, if PAN provided	*	*	*	*	*	*

**DECLARATION BY APPLICANT**

I hereby agree that I have read and understood the provisions of e-Mudhra Certification Practice Statement (CPS) and the subscriber agreement and will abide by the same. The information provided in this form is true & correct to the best of my knowledge. I accept publishing my certificate information in e-Mudhra repository. I am aware of risks associated in case of Class 1 Certificate, when storing the private key on a device other than a FIPS 140-1/2 validated cryptographic module.

 Date 

 Place 

 Signature of the applicant  
 (As in ID proof | Blue Ink Only)

**AUTHORIZATION**

I hereby authorize the above applicant, on behalf of our Organisation to apply for obtaining the Digital Signature/ Encryption Certificate issued by e-Mudhra

Authorized Signatory (Sign and Seal)

**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. I hereby take full responsibility for any wrong verification made, or wrong documents submitted for the application.

 Date 

RA Name, Code &amp; Seal

Signature of RA