

# APPLICATION FOR DIGITAL SIGNATURE CERTIFICATE



(For Subscribers of GOVERNMENT ORGANISATION / AGENCIES / DEPARTMENTS)

Application ID Number (For office use 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](http://www.e-mudhra.com)
5. At Par Cheque / Demand Draft to be drawn in favour of eMudhra Consumer Services Ltd.
6. For Class III Digital Signatures "In Person Verification" of the applicant is mandatory

Affix recent  
Photograph of  
applicant duly  
signed across

1A. CERTIFICATE CLASS:*	1B. CERTIFICATE CLASS:*	2. CERTIFICATE VALIDITY:*	3. USE TOKEN:*
<input type="checkbox"/> Class 2 Gold Organisation <input type="checkbox"/> Class 3 Platinum Organisation	<input type="checkbox"/> Signature	<input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Year	<input type="checkbox"/> Required <input type="checkbox"/> Not Required

**APPLICANT DETAILS\* (As per applicant's valid ID Proof at Sl.No.11 below)**

4. Name: \* Mr./Ms./Dr.  F I R S T N A M E  M I D D L E N A M E  L A S T N A M E

5. Date of Birth: \*  D D M M Y Y Y Y 6. Gender: \*  Male  Female 7. Nationality  I N D I A N

8. Father/Spouse's Name  9. Residential Status\*  Resident

**ORGANISATION DETAILS\* (Door No., Name of the premises, Road, Area, City, State and Pin Code needs to be filled)**

10. Organisation Details: \*  Corporate Office  Head Office  Registered Office  Branch Office

Organisation Name

Designation of the Applicant  Employee Code of the Applicant

Date of Incorporation  D D M M Y Y Y Y Department

Registration Number

Address :

Pincode  City  State

Telephone No. (e.g. +91-80-23333333)  Mobile No. (e.g. + 91-9999999999)

Fax No. (e.g. +91-80-23333333)

Corporate Website (URL)

PAN No. of Organisation\* Attach photo copy)

**Organisations Bank Account Details: \***

Bank Name

Branch Name & Place

Account Type  Savings  Current

Account Number

**IDENTIFICATION DETAILS\***

11. E-Mail ID: \* (Valid and active E-mail ID to be included in the Digital Signature Certificate)

12. a) PAN of the Applicant:

12. b) Valid Identity Documents: \*  Passport  Copy of Driving License  PAN card  Post Office ID Card  Organisation & Department ID Card with employee number

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 Number

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

**PAYMENT DETAILS\***

13. Mode of Payment \*

Online     Cheque/DD

**Online Payment Details**

Transaction/Reference No.	<input type="text"/>
Bank Name	<input type="text"/>
Account Type	<input type="text"/>
Amount Rs.	<input type="text"/>
Date	<input type="text"/>

**Cheque/DD Payment Details**

Cheque /DD No.	<input type="text"/>
Bank & Branch Name	<input type="text"/>
Account Type	<input type="text"/>
Amount Rs.	<input type="text"/>
Date	<input type="text"/>

**DECLARATION\***

I hereby agree that I have read and understood the provisions of eMudhra Certification Practice 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 eMudhra repository.

Date : \_\_\_\_\_ Place: \_\_\_\_\_ Name of the Applicant: \_\_\_\_\_  
 Office Seal & Stamp: \_\_\_\_\_ Signature: \_\_\_\_\_

**CHECKLIST OF DOCUMENTS TO BE SUBMITTED ALONG WITH THE APPLICATION\***

- a.  ID proof of applicant as selected in S.No. 12
- b.  Authorisation letter in favour of the certificate applicant from the department / organisation as per format below

**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.

RA Name : \_\_\_\_\_  
 Signature : \_\_\_\_\_  
 Place : \_\_\_\_\_  
 Date : \_\_\_\_\_

**RA Seal & Stamp**

**AUTHORISATION LETTER FORMAT\* (This is required on the organization letter head duly signed by the Head of Office or JS (Admin.) for Government Sector**

To,  
 eMudhra Consumer Services Limited  
 3rd Floor, Sai Arcade, 56 Outer Ring Road  
 Deverabeesanahalli, Opp Intel  
 Bangalore 560103  
 Phone: +91 80 4336 0000

Date: \_\_\_\_\_

Dear Sir,  
 Sub: **Authorisation letter for obtaining Digital Signature Certificate.**

This is certify that Mr./Mrs./Miss. \_\_\_\_\_ (Certificate applicant) has provided correct information in the 'Application form for issue of Digital Signature Certificate" as a subscriber of Government Sector to the best of my knowledge and belief vide application form dated DD-MM-YYYY. I hereby authorize him/her, on behalf of our Organisation to apply for obtaining the following:

Class of Digital Signature Certificate issued by e-Mudhra.

- Class 2 Gold Organisation     Class 3 Platinum Organisation     Class 3 Device/Server

Details of Executive Authorising the applicants:

Signature: \_\_\_\_\_ Name: \_\_\_\_\_  
 Designation: \_\_\_\_\_ Employee Code: \_\_\_\_\_  
 Department: \_\_\_\_\_

Office Seal and Stamp

**CONTACT DETAILS**

**eMudhra Consumer Services Limited**, 12/27, First Floor, Udayappa Colony, Salem - 636 007. Tamil Nadu  
 Phone : +91 80 4336 0000 Fax : +91 80 4227 5306 Email : info@e-Mudhra.com Website : www.e-Mudhra.com