

**DIGITAL CERTIFICATE FOR ORGANISATION - APPLICATION FORM****(FOR EMPLOYEES OF BANKING SECTOR)**

PLEASE FILL IN BLOCK LETTERS ONLY

For form filling please follow the instruction in <http://www.e-mudhra.com/instruction.html>**Application ID (For Office Use Only)**Signature Encryption Affix recent passport  
size photograph of  
the applicant duly  
signed across**CLASS**

Class 2

**TYPE**☐ Signature**VALIDITY**

1 Year

Class 3

☐ Encryption

2 Years

**USB TOKEN**

Required

Not Required

**Applicant Details**Name Mr./Ms./Dr. Date of Birth  Gender ☐ Male ☐ Female Nationality **ORGANISATION DETAILS**Organisation Details ☐ Corporate Office ☐ Head Office ☐ Registered Office ☐ Branch OfficeOrganisation Name Department Address City  State  Pin code Telephone  Mobile  Fax No PAN Of Organisation  PAN of the Applicant Email ID **Declaration**

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 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 Place 

Seal &amp; Stamp (If any)

Signature of the applicant

**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.

Date Place 

RA Name, Code &amp; Seal

Signature of RA

**UNDER CHECKLIST OF ORGANISATION DOCUMENTS TO BE SUBMITTED ALONG WITH THE APPLICATION**

- a. ☐ Attested copy of Organisation PAN card  
b. ☐ Authorisation letter in favour of the Certificate Applicant from the Organisation as per the format overleaf

**AUTHORISATION LETTER FORMAT**

To,  
eMudhra Consumer Services Limited  
3rd Floor, Sai Arcade, 56 Outer Ring Road  
Deverabeesanahalli, Opp Intel  
Bangalore 560103  
Phone: +91 80 4336 0000  
Dear Sir,  
Sub: **Authorisation letter for obtaining Digital Signature Certificate.**

Date:

This is certify that Mr./Mrs./Miss. \_\_\_\_\_ (Certificate applicant)  
has provided correct information in the 'Application form for issue of Digital Signature Certificate" for employees of Banking Sector to the best of my knowledge and  
belief. I understand that the applicant is going to act on behalf of the bank and I hereby authorize him/her, on behalf of our Bank to apply for obtaining the following:

Class of Digital Signature Certificate issued by e-Mudhra.

☐ Class 2 Gold Organisation ☐ Class 3 Platinum Organisation

Details of Executive Authorising the applicants:

Signature:	Name:	
Designation:	Employee Code:	
Department:		Office Seal and Stamp

**Contact Details**

**eMudhra Consumer Services Limited**, 3rd Floor, Sai Arcade, 56 Outer Ring Road, Deverabeesanahalli, Opp Intel, Bangalore 560 103. Karnataka  
Phone : +91 80 4336 0000 Fax : +91 80 4227 5306 Email : [info@e-mudhra.com](mailto:info@e-mudhra.com) Web: [www.e-mudhra.com](http://www.e-mudhra.com)