

DIGITAL CERTIFICATE FOR ORGANISATION - APPLICATION FORM

For Subscribers of GOVERNMENT ORGANISATION / AGENCIES / DEPARTMENTS

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****TYPE****VALIDITY****USB TOKEN**

Class 2

☐ Signature

1 Year

Required

Class 3

☐ Encryption

2 Years

Not Required

APPLICANT DETAILSName 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 & 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 & Seal

Signature of RA

IDENTIFICATION DETAILS

Valid Identity Documents (Any one of below)

Passport

Driving License

PAN Card

Post Office ID Card

Aadhaar Card

Bank Account Passbook*

Government ID Card

ID Number _____

AUTHORISATION LETTER

To,

Date:

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.**

This is certify that Mr./Mrs./Miss. _____ (Certificate applicant)
has provided correct information in the 'Application form for issue of Digital Signature Certificate' to the best of my knowledge and belief. 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 of Digital Signature Certificate issued by e-Mudhra.

☐ Class 2 Organisation ☐ Class 3 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 Web: www.e-mudhra.com