

	Application ID Number (For office use only):																																	
 Instructions: Please fill the form in BLOCK LETTERS and (*) MARKED Fields are Mandatory. Inconsistent/incomplete applications are liable to be rejected. 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. All subscribers are advised to read Certification Practice Statement and Subscriber agreement eMudhra available at www.e-mudhra.com At Par Cheque / Demand Draft to be drawn in favour of eMudhra Consumer Services Ltd. For Class III Digital Signatures "In Person Verification" of the applicant is mandatory 																Affix recent passport photograph of the applicant duly signed across																		
1A. CERTIFICATE CLASS* 1B. CERTIFICATE TYPE* 2. CERTIFICATE VALIDITY* 3													3. USB TOKEN*																					
Class 2 Gold Organisation					Signature 1 Year												Required																	
Class 3 Platinum Organisatio	n															2	Yea	rs							Not Required									
APPLICANT DETAILS* (As per applicant's valid ID Proof at SI. No. 11below)																																		
4. Name:* Mr./Ms./Dr.	F	IR	S	T	NA	M	Е						M		D	D	L	E	N	4	ME						L	А	S	Т	Ν	А	\mathbb{M}	Е
5. Date of Birth:*	D	DM	M	Y	YY	Y	6	. Ge	nd	er:*		M	ale		Fe	ema	le			7. N	lati	ona	lity	I	Ν	D	Ι	A	N]				
8. Father/Spouse's Name																				9. F	Resi	deı	ntia	I St	tatu	s*		4	\checkmark	Res	sider	nt		
ORGANISATI	ON	DET	AILS	5* ((Do	or No	o., N	ame	e of	i the	e pi	em	ise	s, R	loa	d, A	rea	a, C	ity,	Sta	te a	nd	Pin	Co	de	nee	ds	to k	oe fi	illeo	d)			
10. Organisation Details: *			Co	orpo	orat	e Of	fice			Hea	nd (Offi	се				Re	gis	tere	ed C	Offic	e		В	ran	ch	Off	ice						
Organisation Name																																		
Department																																		
Registration Number																																		
Date of Incorporation / Proprietorsh Commencement / Partnership Agree		nt																																
Address :																																		
Pincode			С	ity															Sta	te														
Telephone No. (e.g.	+91-8	30-233	33333))]	Mol	bile	No.	(e.g	. + 9	1-99	9999	9999	99)										
Fax No. (e.g. +91-80	-233	33333)		Γ																														
Corporate Website (URL																																		
PAN No. of Organisation* Attach pho	to cop	y)]																						
Organisations Bank Accou	nt D	Details	s: *																			1												
Bank Name																																		
Branch Name & Place																																		
Account Type		Savi	ngs	L	C	Curren	t																											
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 Docum	ents	s:* [Pa	assp	ort		Сс	ру о	f Dr	ivino	g Lic	ens	е	Γ	F	PAN	car	d		Po	st O	ffice	ID C	Card										
· •		1 -	k Acco			book					-			nd si	igne	d by	/ an	ind	ividu							con	cern	ed E	Bank	(offi	cial			
		Phot	to ID C	ard	issue	ed by	the N	<i>A</i> inis	try c	of Ho	ome	Affa	airs o	of Co	entre	e/St	ate	Gov	ernr	nent		D	ocum	nent	ID I	١o.								

APPLICATION FOR DIGITAL SIGNATURE CERTIFICATE - FOR ORGANISATION

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



PAYMENT DETAILS*

13. Mode of Payment *	Onl	ine	CI	heque	e/DD																					
Online Payment Detail		L								Cheque/DD Payment Details																
Transaction/Reference No.										Cheque /DD No.																
Bank Name								T		Bank & Branch Name		+	+													٦
Account Type								T		Account Type				1											T	٦
Amount Rs.										Amount Rs.																٦
Date								T		Date																٦
	RATION		_											-	-											
	nereby 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 rovided 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.																									
Place :										Signature of the Applica	ant															
Date :	Name of the Applicant :																									
Office Seal and Stamp																										
UNDER CHECK LIST OF ORGANISATION DOCUMENTS TO BE SUBMITTED ALONG WITH THE APPLICATION*																										
a. ID proof of applicant as selected in S.No 12																										
b. True copy of any one (attested by Company Secretary OR Director OR Partner of the Organisation as applicable)																										
Certificate of Incorporation Memorandum of Association Regd. Partnership Deed Valid Business License																										
c. True copy of any one (attested by Company Secretary OR Director OR Partner of the Organisation as applicable)																										
Annual Report Latest Income Tax Return Latest Organisation Bank details from the Bank Statement of Income issued by Chartered Accountant																										
d. Attested Copy of the Organisation PAN Card																										
e. Authorization letter in favour of the certificate applicant from the Organisation as per format below																										
f. List of Partners/Members/Directors with their complete name and address details																										
TO BE FILLED BY RA OFFICE ONLY*																										
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 :																										
lace :																										
Date :										RA Sea	8	Sta	mp													
AUTHORISATIC	ON LETTE	R FO	RMA	\T *	(Th	is /	4u	th	orisat	tion Letter is req	uire	ed	on	the	e 0	rga	ani	sat	ior	ı's	let	ter	hea	ad)		
To, eMudhra Consumer Services I 3rd Floor, Sai Arcade, 56 Oute Deverabeesanahalli, Opp Intel Phone : +91 80 4336 0000 Dear Sir,	r Ring Road,	0103						Da	ate : D	DMMYYY	Y															
			Su	ub : A	uthor	isatio	on le	ette	er for obta	aining Digital Signature C	ertific	cate														
This is certify that Mr./Mrs./Mis Certificate" to the best of my kn Class of Digital Signature Certif	owledge and be			ation	form					licant) has provided corre Y. Thereby authorize him/													-	-		
Class 2 Gold Organisation	on		Clas	s 3 P	latinu	тO	rgar	nisa	ation			Cla	ss 3	Dev	ice /	Ser	ver									
										L	D	eta	ails	of E	Exe	cuti	ive	Aut	ho	riziı	ng	the	Ар	olica	ant	s:
										Signa	ature	:														
										N	ame	:														
										Designa	ation	:														
										Departr	nent	:														
										Office Seal and Sta	amp	:														
										T DETAILS																
Phone										Floor, Udayappa Col nail : info@e-Mudhra											n					
Version 3 - Jan 11								2					5.						<u>.</u>		С	ON	FID	EN.	ΤΙΑ	L