

**DIGITAL CERTIFICATE FOR ORGANISATION - APPLICATION FORM**

\*\*\*All fields are mandatory

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** Class 2 Class 3**TYPE** Signature Encryption**VALIDITY** 1 Year 2 Years**USB TOKEN** Required Not Required**APPLICANT DETAILS**

LAST NAME

FIRST NAME

MIDDLENAME

Name Mr./Ms./Dr. Date of Birth  Male FemaleNationality **ORGANISATION DETAILS**Organisation 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



### IDENTIFICATION DETAILS

Valid Identity Documents (Any one of below)

- Passport                       Driving License                       PAN Card  
 Post Office ID Card                       Bank Account Passbook\*                       Government ID Card (Having Applicant's Sign)

ID Number \_\_\_\_\_

### AUTHORISATION LETTER

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,

Date:

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