APPLICATION FORM - SIGNATURE / ENCRYPTION CERTIFICATE	🛆 ) emudhra
FOR GOVERNMENT ORGANIZATION	emudhra Trust Delivered
Application ID: (S)	(For Office Use Only)
PLEASE FILL IN BLOCK LETTERS ONLY. ALL FIELDS ARE MANDATORY	
More Instructions available at: http://www.e-mudhra.com/instruction.html	
APPLICANT INFORMATION	
LASTNAME FIRST NAME MIDDLE NAME   Date of Birth D M Y Y Gender Male Female Nationality I <th< th=""><th>Affix recent passport size photograph of the applicant <u>duly</u> <u>signed across by</u> blue Marker only</th></th<>	Affix recent passport size photograph of the applicant <u>duly</u> <u>signed across by</u> blue Marker only
Organisation   Image: Second secon	
Org Address	CLASS:     Class 1   Class 2   Class 3
City   Pin code   Image: City	TYPE:
State   Image: Mobile   Mobile   Image: Mobile	VALIDITY:

### DOCUMENT PROOF (attested by Authorized Signatory of the Organization)

#### **Document required:**

Copy of Applicant's Goverment ID Card / Letter from Organization / Pay Slip

Authorized Signatory Organisational ID Card / Self-Attested Letter of Organizational Identity

Copy of PAN Card of Applicant, if PAN provided

#### **DECLARATION BY APPLICANT**

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 form is true & correct to the best of my knowledge. I accept publishing my certificate information in e-Mudhra repository. I am aware of risks associated in case of Class 1 Certificate, when storing the private key on a device other than a FIPS 140-1/2 validated cryptographic module.

Date

Place .

(As in ID proof | Blue Ink Only)

#### **AUTHORIZATION**

I hereby authorize this application on behalf of the organization. I hereby confirm the mobile number of Applicant given above. In case of class 3, I confirm the Physical Verification of Applicant.

Authorized Signatory (Sign and Seal By another person of the Deptt.) Name:

Phone No:\_\_\_\_\_

### 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. I hereby take full responsibility for any wrong verification made, or wrong documents submitted for the application.

Date

RA Name, Code & Seal

Signature of RA

# Letter of Identity Proof by Organization

To: eMudhra Limited

Bangalore

## Subject: Organizational ID Proof of the Authorized signatory.

Organization Name: \_\_\_\_\_

Name of the Individual	Authorized Signatory Name
Org ID Number (if available)	
Designation	
Department	

I hereby confirm the Identity of the above Individual. I'm the Authorized Personnel to certify the Identity on behalf of the Organization.

For the Organization,

Authorized Sig	gnatory (Sign ar	nd Seal By anoth	herperson of the Deptt.)
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Name: \_\_\_\_\_\_

Designation: \_\_\_\_\_

# Letter of Identity Proof by Organization

To: eMudhra Limited

Bangalore

## Subject: Organizational ID Proof of the applicant

Organization Name: \_\_\_\_\_

Name of the Individual	Applicant's Name
Org ID Number (if available)	
Designation	
Department	

I hereby confirm the Identity of the above Individual. I'm the Authorized Personnel to certify the Identity on behalf of the Organization.

For the Organization,

Authorized Signator	y (Sign and Sea	al By anotherpersor	of the Deptt.)
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Name: \_\_\_\_\_\_

Designation: \_\_\_\_\_