

## Registration Form for Digital Certificate (Government)



Customer Identification Number : \_\_\_\_\_ (for office use only)

<b>Validity</b>	1 Year <input type="checkbox"/>	2 Year <input type="checkbox"/>	<b>Type</b>	Only Signing <input type="checkbox"/>	Sign & Encrypt <input type="checkbox"/>
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Affix recent passport size photograph of the applicant

**Applicant Name** (As required in the Digital Certificate)

Surname	First Name	Middlename
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Email ID**

**Date of Birth**

D	D	M	M	Y	Y	Y	Y
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Applicant to sign across the photograph extended to application form

<b>Organization Name</b>	<input type="text"/>		
<b>Office Address</b> (As mentioned in attached supporting)	<input type="text"/>		
<b>Town / City / District</b>	<input type="text"/>	<b>State/Union Territory</b>	<input type="text"/>
<b>PIN</b>	<input type="text"/>	<b>Contact No.</b>	PH <input type="text"/> MO <input type="text"/>
<b>Name of the Govt. Orgn / Agency / Dept.</b>	<input type="text"/>		
<b>Administrative Ministry / Dept.</b>	<input type="text"/>		
<b>Under State / Central Govt.</b>	<input type="text"/>		
<b>Identity Detail of Applicant</b>	Please tick any one and enclose the copy of same		

- \*PAN Card  
  Postoffice ID Card  
  Driving License  
  Passport  
  Govt. ID Card  
  Copy of Bank Account Passbook containing photo & signed by applicant with attestation by concerned Bank Officer

\*For PAN based DSC, pls provide the PAN Card details and enclose the copy of same.

I hereby agree that I have read and understood (n)Code Solutions CA CPS and the subscriber agreement and promise to abide the same. I have read and understood guidelines for storage of private keys mentioned in (n)Code Solutions CPS and risk involved by using other storage devices to store private keys. I shall be held responsible for all risks arising out of not using USB Crypto Tokens to store private key.

### INSTRUCTIONS:

- Please fill the form in English only in legible format.
- The details are required to obtain Class 2 Organization Certificate and will bear Object Identification as 2.16.356.100.2.2
- Incase of keypair been compromised/lost/deleted, please apply for revocation of certificate.
- Incomplete application is liable for Rejection. The rejected form would be physically discarded after 15 days from the date of rejection. No request would be entertained with respect to rejected form after the rejection
- period.
- Please refer to the CPS for more information.
- All supporting documents should be attested by Gazetted Officer or Bank Manger or Post Master. Alternatively the applicant can present originals to LRA for verification and attestation.
- In case of any assistance Please get in touch with us at : dscsupport@ncode.in or call : 1800 - 233 - 1010.

<b>Date :</b> <input type="text"/>	<b>Signature of Applicant with Seal of Organization</b>
<b>Place :</b> <input type="text"/>	

**Verified by (n)Code Office**

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Seal & Signature

**For LRA use only**

All Documents Checked & Verified by :

LRA Name, Seal & Signature



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Customer Identification Number : \_\_\_\_\_ (for office use only)

### Documents Required for Verification

#### Checklist of the document to be submitted with Application

1 Attested copy of any one documents as proof Identity. (Please tick the one submitted)

- PAN Card     OR     Driving License     OR     Passport     OR     Post Office ID Card     OR     Government ID Card  
 OR     Copy of Bank Account Passbook containing photo & signed by applicant with attestation by concerned Bank Officer

#### Document as proof of Address (Please tick the one submitted)

2 Attested copy of documents as proof of Address. (Please tick the one submitted)

- Authorization Letter in favour of the certificate applicant from the applicant organization (as per the format attached herewith)     OR     Latest photograph of the applicant

### Authorization Letter

To,  
 (n) Code Solutions,  
 A Division of Gujarat Narmada Valley Fertilizers & Chemicals Limited.

This to certify that

Mr. / Ms. \_\_\_\_\_ (certificate applicant) has provided correct information in the application form for issue of Digital Certificate to the best of my knowledge and belief and is working with \_\_\_\_\_ (organization name). He / She is hereby authorized to obtain a Class 2 Digital Certificate issued by (n)Code Solutions CA.

Name :	<input type="text"/>		
Designation :	<input type="text"/>	Organization Name :	<input type="text"/>
Date :	<input type="text"/>	Signature of Authorized Person (with seal of Organization)	
Place :	<input type="text"/>		
		[Sign :	]

#### (n)Code Offices

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