

# APPLICATION FORM - SIGNATURE / ENCRYPTION CERTIFICATE

FOR GOVERNMENT ORGANIZATION



Application ID: (S)           (E)

(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

Applicant Name

Date of Birth         Gender  Male  Female Nationality

Organisation Name

Department

Org Address

City  Pin code

State

PAN of Applicant           Mobile

IEC Code           Branch Code   (NOTE : applicable only for dgft certificate)

Email ID

Affix recent passport size photograph of the applicant **duly signed across**

**CLASS:**  
Class 1    Class 2    Class 3

**TYPE:**  
Signature    Encryption    Combo

**VALIDITY:**  
 1 Year     2 Years     3 Years

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

**Document required:**

- Copy of Applicant's Government 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
- Copy of Import Export Certificat (NOTE : Mandatory only for DGFT)

## 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

Signature of the applicant  
(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)

## 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