



Registration Form for Digital Signature Certificate [Government]



Customer Identification Number: \_\_\_\_\_

Instructions:

- 1. The Form is divided into 2 parts; Form A and Form B.
2. Form A contains details of certificate applicant and needs to be filled up each time. Form B contains organizational details and needs to be filled up only once for a Govt. Orgn./ Agency / Deptt.
3. Please fill the form in BLOCK LETTERS in English only

Affix recent passport size photograph of the Applicant

FORM A

1. TYPE OF DIGITAL CERTIFICATE

1. Class III

2. CERTIFICATE VALIDITY 1 Yr.  2Yrs.

3. NAME OF THE APPLICANT (As required in the DIGITAL CERTIFICATE)

(Please ensure that the name as it appears in the Identity Proof matches with the name mentioned below)

[Grid for name entry]

4. OFFICE ADDRESS

[Grid for office address]

Town / City / District

[Grid for town/city/district]

State / Union Territory

[Grid for state/union territory]

Pin

[Grid for pin code]

Contact No.

[Grid for contact number: (STD Code), Phone No, Fax No]

Mobile Phone No.

[Grid for mobile phone number]

5. DATE OF BIRTH

[Grid for date of birth: DATE, MONTH, YEAR]

eg.

20 OCT 1970

6. E-MAIL ADDRESS

[Grid for email address]

7. IDENTITY DETAILS

(Please tick and fill ANY ONE)

No. [Grid for identity details: Passport / Voter's ID / PAN / Driving Lic. / Ration Card No. / PF Ac.]





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FORM B

9. ORGANIZATIONAL DETAILS TO BE FILLED UP ONLY ONCE FOR AN ORGANIZATION

(Please disregard if already submitted)

Name of the Govt. Orgn./ Agency/Dept. [Grid]

Administrative Ministry / Dept. [Grid]

Under State / Central Govt. [Grid]

Address [Grid]

Town / City / District [Grid]

State / Union Territory [Grid]

Pin [Grid]

Contact Person [Grid]

Contact No. [Grid] (STD Code) [Grid] Phone No [Grid] Fax No [Grid]

Email Address [Grid]

I hereby agree that I have read and understood the provisions of the (n)Code Solutions CA CPS and the Subscriber Agreement and promise to abide by the same.

For CLASS III: I also acknowledge that I shall be using USB Crypto Tokens to store my private key as prescribed in guidelines for storage of private keys mentioned in (n)Code Solutions CA CPS.

Signature Of Applicant

Place : \_\_\_\_\_ [Name: \_\_\_\_\_]
Date : \_\_\_\_\_ ]

Registration form for Digital Signature Certificate along with verification documents can be sent to any one of the nearest LRA locations given on (n)Code Solutions CA website.

Duly mark the envelop as "Application for Digital Certificate".

Website : www.ncodesolutions.com
E-Mail : support@ncodesolutions.com
Help line : 91-79-26857315



Customer Identification Number: \_\_\_\_\_

DOCUMENTS REQUIRED FOR VERIFICATION

Documents Required and Submitted by the Applicant

Class III d

**Attested \* Copy of any one of :** (Please tick the one submitted)

- ID Card having employee Identification No. /  Passport /  Driving license /  Voters ID /  
 PAN Card /  PF Statement/ PF Book /  Ration Card
- Latest photograph of the applicant
- Authorization Letter in favour of the certificate applicant from the Govt. organization (as per the format attached herewith)
- Device Ownership Proof

**PHYSICAL PRESENCE IS REQUIRED FOR CLASS III d CERTIFICATE APPLICANT**

**Note :**

- Applicants for Class III d certificate shall present themselves at the LRA location where the registration form for Digital Certificate was sent, for verification of physical presence.
- Please refer to the CPS for more information.



Customer Identification Number: \_\_\_\_\_

**Authorization Letter**

*(This Authorization Letter is required on the Government Organization's letterhead)*

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

This is to certify that:

Mr. / Ms. \_\_\_\_\_ *(certificate applicant)*  
has provided correct information in the Application form for issue of Digital Certificate for Subscriber of a Government Sector to the best of my knowledge and belief. I hereby authorize him / her , on behalf of my organization to apply for obtaining a Class III Digital Certificate from (n)Code Solutions CA for the purpose specified above .

*Details of Authorized Signatory:*

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

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

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

Signature : \_\_\_\_\_  
(with stamp of Orgn. / Office)

Date : \_\_\_\_\_

Place : \_\_\_\_\_