

## RCAI Class 3 - Digital Signature Certificate (DSC) Application (for individuals with organization name)

**Instructions for filling in the application form:**

1. This form is to be filled by the individual for whom the DSC is intended.
2. Please ensure that the form is complete in all respects. If you require assistance, please consult our authorized Safescrypt representative.
3. Incomplete forms would delay the certificate issuance process. Therefore, please fill in all fields unless marked "optional".
4. Use only BLOCK LETTERS to fill the form. Check all boxes wherever applicable
5. You are urged to review our CPS while applying for a certificate.
6. Detailed instructions for certificate issuance will be provided by our authorized Safescrypt representative.

For official use only	
Partner Code	
City	
Date of Application	
CD Serial No.	
Remarks	
DSC Issued on	

*\* Indicates mandatory fields*

**Section: 1**

Certificate Validity* (Tick as applicable)	<input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years
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**Applicant details :**

First Name \* :

Middle Name :

Last Name \* :

Date of Birth \* :   /   /

Gender \* :  Male     Female

Organisation Name \* :



**Residential Address**

Door No/Building Name \* :

Road/ Street/ Post Office \* :

Town/ City/ District \* :

State/ Union Territory \* :

PIN Code \* :

Telephone Number \* :

Mobile Number\* :

**Section 2:**

Kindly provide your valid email address. The digital certificate will be sent to this email id and the same id has to be used while enrolling online\*

**Section 3a: Identity Proof Details**

- Please provide details of a government-issued photo identity proof being enclosed by you
- Acceptable photo IDs are passport / PAN card/ driver's license
- The photocopy of the specified photo-ID is required to be duly attested by your banker/gazette officer/Notary

Identity Proof Submitted \*

passport  PAN card  driver's license

Identity Proof Number \* :

**Section 3b: Address Proof Details of Applicant**

- Please specify the Address Proof Documents that you will be submitting along with this application.

passport  voter ID card  driver's license / Others

- The address proof of the specified applicant is required to be duly attested by your banker/gazatted officer or Notary.

**Declaration:**

According to the Indian IT Act 2000 Part-II Section-I CHAPTER VIII states that every subscriber shall exercise reasonable care to retain control of the private key corresponding to the public key listed in his Digital Signature Certificate and take all steps to prevent its disclosure.

I hereby declare that all information provided on this Certificate Application Form for the purpose of obtaining a digital certificate is true and correct to the best of my knowledge.

Signature of the Applicant \* :

Date \* :

Place \* :

**For official use only**

**Section 4: Attestation by Sify authorised LRA / partner**

- I hereby declare that the above applicant has present himself to me and submitted the original document copies of ID proof and I have verified the same as TRUE COPY.

Signature & Seal \*

Date \* :

Name \* :

Note:  
Sify, at its discretion, will make a telephone call to verify the details of this attested Signature of the Applicant to be signed before the Sify authorised LRA / partner



## Letter of Employment

### Letter of Employment

#### **Certificate Applicant Information**

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

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

Email ID: \_\_\_\_\_

I, (Name of the Authorised Person) \_\_\_\_\_, certify that on (Date) \_\_\_\_\_, (Name of the Certificate Applicant) \_\_\_\_\_ is an employee of our Organisation (Organisation Name) \_\_\_\_\_ and that the Applicant's Employee ID is (Employee ID) \_\_\_\_\_. I acknowledge by my signature, that the Applicant information in this document is complete and accurate as per our office records.

I fully understand that the Applicant is responsible to transact on the Organization's behalf and I will ensure timely revocation of Digital Signature Certificate in case the employee leaves the company in future

(Signature of Authorised Person)

(Company Seal)

#### **Details of Authorised Person**

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

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

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

Email Address: \_\_\_\_\_

Phone Number (Fixed Line numbers only): \_\_\_\_\_