

RCAI Class 3 - Digital Signature Certificate (DSC) Application (for individuals)

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



Residential Address

Door No/Building Name * :

Road/ Street/ Post Office * :

Town/ City/ District * :

State/ Union Territory * :

PIN Code * :

Telephone Number * :

Mobile Number* :

