

Digital Signature Certificate Subscription Form

Class of Certificate	Class 2 <input type="checkbox"/>	Individual <input checked="" type="checkbox"/>	Signing <input checked="" type="checkbox"/>	1 Year <input type="checkbox"/>	Request Id:								
	Class 3 <input checked="" type="checkbox"/>	With Org Name <input checked="" type="checkbox"/>	Encryption <input checked="" type="checkbox"/>	2 Years <input checked="" type="checkbox"/>									

Section 1: Subscriber Details

Name*: **A J A Y K U M A R V E R M A**

Designation: **A S S I S T A N T E N G I N E E R**

Date of Birth*: **0 7 0 5 1 9 8 3** Gender*: Male Female

Address (Residential address in case of Individual or Organization address in case of DSC with ORG)

Organisation Name* : **U.P. HOUSING AND DEVELOPMENT BOARD**
(Mandatory in case of ORG DSC)

Door No/Building Name* : **1 0 4**

Road/ Street/ Post Office* : **M.G. ROAD**

Town/ City/ District* : **L U C K N O W**

State/ Union Territory* : **U T T A R P R A D E S H**

Country* : **9 1** PIN Code* **2 2 6 0 0 1**

Telephone Number* (with STD Code): **0 5 2 2 2 2 3 9 2 6 0**

Mobile Number* : **9 1 8 1 8 1 8 1 8 1 8 1**

Email id* : **UPAVP.XXX@GMAIL.COM**



- Use blue-ink only including signature.
- Ensure the Name, Designation, Address and Contact number of the attesting officer in at least one of the attestation document.

Section 2: Identity Proof Details

Photo Identity Proof * Identity Proof Name: PAN CARD (Eg: Pan Card, DL, Passport, ...) Identity Proof Number: PAN CARD NO.	Address Proof * Address Proof Name: OFFICE ID CARD (Eg: Passport, DL, Latest Telephone Bill, ...)
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Note*: Subscriber's signature should appear on the Photo ID Proof.

Section 3: Declaration

I hereby declare that all the information provided in this Subscription form for the purpose of obtaining a digital certificate is true and correct to the best of my knowledge. I am aware, as a subscriber for the digital signature certificate, the duties and responsibilities which are applicable under the SafeScript CA CPS (<https://www.safescrypt.com/pdf/cps.pdf>) and also under the Section 71 of IT Act which stipulates that if anyone makes a misrepresentation or suppresses any material fact from the CCA or CA for obtaining any DSC such person shall be punishable with imprisonment up to 2 years or with fine up to one lakh rupees or with both.

Signature of the Subscriber* **APPLICANT SIGNATURE**

Date*: **DD MM YY YY** Place*: **LUCKNOW**

Note*: Subscriber has to sign before the Authorised LRA/Partner for Class 3 DSC.

Section 4: Authorisation (only for ORG DSC)

I, **DO NOT WRITE ANY NAME** acknowledge by my signature, that the Subscriber information in this document is complete and accurate as per our office records. I fully understand that the Subscriber is responsible to transact on the Organisation's behalf and I will ensure timely revocation of Digital Signature Certificate in case the employee leaves the company in future.

Signature & Organisation seal* **DON'T SIGN HERE THIS SECTION FILLED BY NODAL OFFICER OF DSC**

For office use only

Attestation By Sify Authorised LRA/Partner* (For Class3DSC Only)

I hereby declare that the subscriber has personally appeared before me and submitted the original document copies.

Signature and Seal* _____

Date* **DD MM YY YY** Name* _____

Note*: Safescrypt at its discretion, will make a telephone call to verify the details of the Subscriber.

Partner Name:	
Sify RA:	
Date of Issuance:	

**REQUIRED NECESSARY DOCUMENT
FOR
DIGITAL SIGNATURE CERTIFICATE (DSC)**

1. PAN CARD(SELF ATTESTED)
2. OFFICE ID CARD (SELF ATTESTED)

Note:- Attachment Documents Copy Should Be Clearly Visible.