

Registration Form for Digital Certificat

GOVERNMENT



e	(n)Code
	Solutions
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Customer Identification Number:

(for office use only)

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PLEASE TICK ANY ONE

Class2

OR

Class3

Validity 2 Years

Validity 1 Year

Only Signing

Sign & Encrypt

INSTRUCTIONS:

- 1. Please fill the form in English only in legible format and IN BLUE INK ONLY.
- 2. OID would be as per our CPS. Please refer to our CPS at www.ncodesolutions.com/cps.pdf for more information.
- 3. Incase of keypair been compromised/lost/deleted, please apply for revocation of certificate.
- 4. For obtaining Class 3 "Video recording of DSC applicant" is mandatory as per CCA - Guidelines.
- 5. Incomplete application is liable for Rejection. The rejected form would be physically discarded after 15 days from the date of rejection. No request would be entertained with respect to rejected form after the rejection period.
- 6. All supporting documents should be attested by Gazetted Officer or Bank Manager or Post Master and the Name, designation, office address and contact number of the attesting officer should be clearly
- 7. FIPS 140-1/2 level validated Hardware cryptographic token required to download the DSC.

Applicant Name		APPLICA	NT TO SIGI	N ACROSS	THE PHOTO	GRAPH EXTEN	DED TO A	PPLICATIO	N FORM)	A ##1	PA > A >	4
Surname	First Name				Middlename					Affix recent passport size			
Unique Email ID Unique Mobile No.	La constant de la con									2	photograph of the applicant		
Identity Details of Appl	cant DOC No				1								***************************************
*PAN Driving	Passport			Posto		Copy of B							ed by
Tick any one and enclose	the attested of		me. (*Fo	ID Ca or PAN b		' applicant , please pr					nk Offic	cer	
Tick any one and enclose	the attested of										nk Offic	cer	
Tick any one and enclose	the attested of					, please pr		e PAN C			nk Offic		
Tick any one and enclose Organization Name Govt. ID Card Detail	As per suppo	copy of sa	me. (*Fo	or PAN to	pased DSC	, please pr	ovide the	e PAN C			nk Offic	Ser	

PLEASE NOTE:

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> *Section 71 of IT Act 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.

DECLARATION:

- 1. In case of submission of Aadhaar Card Details, I provide my consent to (n)Code Solutions for using Aadhaar Card details for my identity authentication only.
- 2. I hereby agree that I have read and understood (n)Code Solutions CPS and the subscriber agreement and promise to abide the same. I have read and understood guidelines for storage of private keys mentioned in (n)Code Solutions CPS.
- 3. I hereby authorise (n)Code Solutions to conduct mobile verification as per CCA guidelines, on the number mentioned above.

Date:

Place:

Signature of Applicant with seal of Organization (Blue Ink Only)

Verified by (n)Code Office

Seal & Signature

For RA use only

All Documents, address and physical presence verified by

RA Name, Seal & Signature







Toll Free: 1800 - 233 - 1010

www.ncodesolutions.com





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-Safe

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Customer Identification Number :

Documents Required for Verification

Attested copy of followin				
Government Applic	ation	•••••••••		
A. Applicant's identity card.				
B. The application for DSC st Office / NIC Coordinator.	nould be forwarded	/Certified by the authorized	signatory (Competent	authority of the Department/ Head of
C. Copy of identity card of aut	horised signatory.			
Note:				
A. For Class 3 certificate, HOI of pensioners	O should certify the	physical verification of subs	criber, with a statemen	t similar to that used for life certificate
B. The attestation of documer	nts may be carried o	out by Head of the Office/Ga	zetted Officer.	
PAYMENT DETAILS				
Date : Banl	k Name :	DD/C	heque No. :	Amount :
		Authorization L	etter	
To,			oresis and the second second	
(n)Code Solutions (A Div	ision of GNFC L	.td.)		
This to certifyy that				
Mr. / Ms				(certificate applicant
				r issue of Digital Certificate to the best certify the physical verification of the
applicant. He / She is hereby a				
applicant. He / One is hereby a				
	DEI	TAILS OF AUTHORISI	NG PERSON	
Name	AND 100 CO. (100 CO.			
Designation		Identity		
Date			Signature of Authoris	sing Person (Blue Ink Only)

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		Acces

(n)Code Offices

Corporate Office Ahmedabad: 079-4000 7300 * dscsales@ncode.in

Delhi 011-26452279/80 northsales@ncode.in Bangalore 080-25272525 southsales@ncode.in

Mumbai 022-22048908 mumbaisales@ncode.in

Surat 0261-2789944 suratsales@ncode.in

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Toll Free: 1800 - 233 - 1010

www.ncodesolutions.com

(with seal of Organization)

