

Digital Signature Certificate Subscription Form

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

Section 1: Subscriber Details

Name*:

Designation :

Date of Birth*: Gender *: Male Female

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

Organisation Name * :

Door No/Building Name * :

Road/ Street/ Post Office * :

Town/ City/ District * :

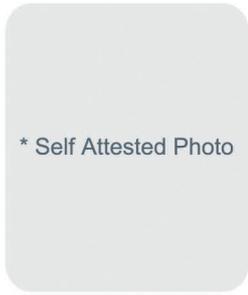
State/ Union Territory * :

Country* : PIN Code*

Telephone Number* (with STD Code):

Mobile Number* :

Email id* :



* Self Attested Photo

- 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 <input type="text"/> (Eg: Pan Card, DL, Passport, ...) Identity Proof Number <input type="text"/>	Address Proof * Address Proof Name <input type="text"/> (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*

Date*: Place*:

Note*: Subscriber has to sign before the Authorised LRA/Partner for Class3 DSC.

Section 4: Authorisation (only for ORG DSC)

I, _____ 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*

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 * Name *

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

Partner Name:	<input type="text"/>
Sify RA:	<input type="text"/>
Date of Issuance:	<input type="text"/>

DELHI DEVELOPMENT AUTHORITY

To,
Sify Technologies Limited
SafeScript CA
No.27, 1st main road,
Vasanth Nagar,
Bangalore -560052.

Sub: Applicant Verification as per the CCA Guidelines for the purpose of Digital Signature Certificate issuance

Sir,

Herewith we are enclosing Application forms of _____
(Names of the Applicants) for Class -2 / 3 - issuance of Digital certificates from Sify Technologies Limited . We have gone through the CPS of Sify Technologies Limited and we agree to abide by the same.

As a pre-requisite of the Identity Verification Guidelines by Controller of Certifying Authorities, we hereby certify as below:

1. All the applicants (as per names mentioned above) are working in Delhi Development Authority.
2. All the applicants are physically verified by myself.
3. Their individual mobile numbers are active (to be put in DSC) and have been verified by myself.
4. I am enclosing my attested ID card.

Thanking you,

Name _____(Authorized Person)

Designation _____

Mobile / contact number _____