

RCAI Class 2 - Digital Signature Certificate (DSC) Application (Individual)

Instructions for filling in the application form :

1. This form is to be filled by the Individual Applicant in own handwriting.
2. Please ensure that the form is complete in all respects. If you require any assistance / guidance for certificate issuance please consult our authorized 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 the Certificate Practice Statement available at <http://www.safescrypt.com/pdf/cps.pdf> before applying .
6. Self Attested Identify Proof and Address Proof of the Individual is to be submitted.
7. Please ensure to select the **Correct Form** before applying .

For official use only	
Partner Code	
City	
Date of Application	
TRN (If applicable)	
Remarks	
DSC Issued on	

**indicates mandatory fields*

Section : 1

For PAN based Signature mention PAN	Certificate Usage* Signing <input checked="" type="checkbox"/> Encryption <input type="checkbox"/>
Certificate Validity* 1 year <input checked="" type="checkbox"/> 2 years <input type="checkbox"/>	Token required* Yes <input type="checkbox"/> No <input type="checkbox"/>

Applicant details (As per identity proof)

First Name * :

Middle Name :

Last Name * :

Date of Birth * :

Sex * (Male/Female) :

Father's Name* :

If Foreigner : Nationality : Passport No. : Visa Detail. :



Photo with Signature across

Residential Address (As per address proof)

Door No / Building Name * :

Road / Street / Post Office* :

Town / City / District * :

State / Union Territory * :

PIN Code * :

Telephone Number * :

Mobile Number* :

Section : 2

Please submit the Applicant's **VALID e-mail address** which will be used for digital certificate. The same e-mail should also be used while enrolling for the digital certificate online

E-mail Address *
in BLOCK LETTERS

Licenced Registration Authority

Poddar Professional Solutions Private Limited

Regd. Office : 13, B. B. Ganguly Street, Kolkata - 700 012, India. (Near Lal Bazar, Dalhousie)

Tel + 91 33 40031162 / 40085487 • Fax +91 33 40031162. E-mail : poddar.professional@gmail.com Website : www.poddarprofessional.com

Class 2 (Individual)



Section 3a : Identity Proof Details

ATTACH any ONE self attested Photo ID such as Valid Passport, Voter ID card, PAN card, Valid Driving Licence or any other Government issued ID card. (If PAN based Digital Signature is required, Proof of PAN of the Individual is a must.)

Identity Proof submitted* -----

Identity Proof Number * -----

Section 3b : Address Proof * ATTACH any ONE self attested Address Proof - Select from the list below

- Ration Card / Gas bill
- Valid Pasport
- Bank Statement (Within 3 Months)
- Electricity / Water bill (Within 3 Months)
- Voter ID card
- Bank Pass Book / PF Documents
- Mobile / Telephone bill (Within 3 Months)
- Valid Driving Licence
- Others

Declaration :

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.

Applicant's Name & Signature* →

Name of the Applicant	Signature
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Date * : ----- Place * : -----

Section 4 : Attestation (by Banker / Notary / Gazette Officer / Associate (PVS)

I hereby declare that the applicant has presented to me the original documents of ID & Address proof and I have attested the photocopies of the same as TRUE COPIES .

OR

I, as a Bank Manager, hereby certify that the applicant maintains an account with this bank / branch and his / her signature matches with the bank records.

Signature & Seal of the Attestation Authority* : →

Attestation

Date* : ----- Code -----

Name of the Attestation Authority * : -----

Address of the Attestation Authority * : -----

Email Id & Mobile No. of Attestation Authority* : -----

Note : Sify, at its discretion, will verify the details of this attestation.

SafeScript CA Services - brought to you by : Sify Technologies Limited, 2nd Floor, Tidel Park, 4, Rajiv Gandhi Salai, Taramani, Chennai - 600113 E-mail : enquiries@safescript.com Powered by Verisign®	RA
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For office use only			
Amount _____	Cheque / Cash / DD / Transaction No. _____	Dated _____	
Bank _____	Branch _____	Account No. _____	
Received from _____	Phone no. _____	Date _____	Time _____