

# DSC FOR GOVERNMENT ORGANIZATION

CERTIFICATE . DIGITAL

Licensed Certifying Authority

This form is applicable to officers of Central Government / State Government / PSUs / Autonomous body of Central Government /

v-2.0 - 13.07.2017

Applicant ID (Internal use)

Order ID (Internal use)

SIGNATURE IN BLUE INK ONLY. FORMS FILLED OTHER THAN BLUE INK SHALL BE REJECTED\*

## Please select Certificate type

TIP : Please select class of certificate and validity.

Class	2 <input type="checkbox"/>	3 <input type="checkbox"/>	Year	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	Type	Sign <input type="checkbox"/>	Sign & Encrypt <input type="checkbox"/>	Encrypt <input type="checkbox"/>
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## Please fill the applicant details

TIP : The certificate would be issued in the following name.

APPLICANT	Name	PAN Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
	E-mail ID	Mobile No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Please fill organization details

TIP : Please tell us about your organization.

Organization Name	<input type="text"/>		
Organization Address	<input type="text"/>		
Department	Designation	TAN Number (if applicable)	<input type="text"/>
Pin Code	Town/City/District	State/Union Territory	<input type="text"/>
GST No.	<input type="text"/>		

## Documents Required:

- Applicant's Identity Card or Proof of individuals association with organization.
- Authorization letter forwarded / Certified by Department / Head of Office / Coordinator mentioning Mobile number and eMail address of the applicant ( In letterhead ).
- Identity card of authorised signatory (authorising person) or proof of authorised signatory's association with organisation.

**Note:** 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 liable for punishment with imprisonment up to 2 years or with fine up to one lakh rupees or both.

## Instructions:

- Please fill up the form in 'English' only.
- Incomplete, illegible or inconsistent applications will be rejected.
- DSC Download link is sent to the applicant email only.
- The certificates must be downloaded only in a cryptographic device.
- Applicants must refer to CapricornID CPS at [www.certificate.digital](http://www.certificate.digital).
- Contact us at : [support@certificate.digital](mailto:support@certificate.digital) or at +91 011 4244 8288
- The forms must be sent to : G-5, Vikas Deep Building, Plot-18, Laxmi Nagar District Centre, Delhi- 110 092, India
- for encryption certificate only  
I hereby undertake that a backup copy of the encryption key will be securely maintained by me.(Applicant)
- Applicant has to sign across the photograph extended to application form.

## Applicant Declaration

I hereby agree to abide and confirm, that I have read and understood provisions, guidelines & practices of CapricornID CPS and the subscriber agreement. The information provided in this application form is correct and true in all respect.

Date:

Place:

Signature of applicant as in ID Proof

affix recent  
passport  
size photograph  
of the  
applicant

applicant has to sign across  
the photograph extended  
to application form

## For Official Use Only

Please affix Partner / Re-seller / Associate Signature here.  
Verification Officer / Trusted Role Signature to be affixed here.

Signature

SIGNATURE IN BLUE INK ONLY. FORMS FILLED OTHER THAN BLUE INK SHALL BE REJECTED\*



Capricorn  
Identity Services Pvt. Ltd.

visit <http://www.Certificate.Digital>

# LETTER HEAD

## Authorization Letter by Organization

To,

Capricorn Identity Services Pvt. Ltd.

G-5, Vikas Deep Building, Plot-18,

Laxmi Nagar District Centre, Delhi- 110 092, India

### Subject: Authorization of the applicant by the organization

I hereby Authorize the below applicant to apply for Digital Signature / Encryption Certificate, on behalf of the Organization.

Organization Name: \_\_\_\_\_

Department Name: \_\_\_\_\_

Name of the Applicant:

Designation:

Email ID:

Contact NO.:

Class of Certificate Class 2/ Class 3

Type of the Certificate Signature/ Encryption/ Combo

For the Organization,

### Authorizing Person Name

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Contact: \_\_\_\_\_

(Seal & Signature)

## Letter of Identity Proof by Organization

(To be printed on organization letter head / Office seal. To be signed by HRD of Organization / Authorized Signatory / Government Department in-charge. To be used if the Organizational ID card is not available for the applicant.)

To:

Capricorn Identity Services Pvt. Ltd.

G-5, Vikas Deep Building, Plot-18, Laxmi Nagar District Centre,

Delhi- 110 092

**Subject: Organizational ID Proof of the applicant**

Organization name: \_\_\_\_\_

Name Of the Individual	
Order ID Number (If Available)	
Designation	
Department	

I hereby confirm the Identity of the above Individual. I'm the Authorized Personnel to certify the Identity on behalf of the Organization.

For the Organization,

(Seal & Signature)

Name: \_\_\_\_\_

Designation: \_\_\_\_\_