Sign & Encrypt

Type

Signing

Year 1 2 3 3

Form ID

Please select Certificate type

Class

TIP: Please select class of certificate and validity

2 0 3 0

Please complete the app							
APPLICANT	First Name	Middle Name		Last Name		Designation	
E-mail ID						Mobile No.	
Please complete organiz TIP: Please tell us about your organization							
Organization Name							
Department			Branch				
Organization Address							
Town/City		State			PIN/ZIP		
Documents Require	ed:						
Applicant's Identity Car	rd or Proof of individuals	s association with organisation.					
Authorization letter for	varded / Certified by De	partment / Head of Office / Coordinator menti	oning Mobile number and eN	Mail address of the appli	icant.		
Identity card of authoris	sed signatory or proof o	f authorised signatory's association with organ	nisation.				
For Class 3 DSC, Depa	artment should certify th	e physical verification of applicant.					
Instructions:							
1. Please fill up the form in 'English' only. 2. Incomplete, illegible or inconsistent applications will be rejected. 3. Mobile verification by the applicant is mandatory. 4. DSC Download link is sent to the applicant email only. 5. The certificates must be downloaded only in a cryptographic device.			8. The forms mustDelhi-110 092,9. for encryption of	7. Contact us at : support@certificate.digital or at +91 11 22422444 8. The forms must be sent to : 709,Roots Tower,Plot-7,laxmi Nagar District Centre, Delhi-110 092, India. 9. for encryption certificate only I hereby undertake that a backup copy of the encryption key will be securely			

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. For Official Use Only

maintained by us.

Applicant Declaration

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

6. Applicants must refer to Capricornid CPS at www.certificate.digital.

affix recent passport size photograph of the applicant

applicant to sign across the photograph extended to application form

Date:

Place:

Signature of applicant

10. Applicant to sign across the photograph extended to application form.

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



Authorization Letter by Organization

To

Capricorn Identity Services Pvt. Ltd, G-5, Vikas Deep Building, Plot-18, Laxmi Nagar District Centre, New Delhi, India – 110092.

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:
Employee Code:
NIC Mail ID:
Contact No:
Class of Certificate: Class-2 / Class-3
Type of the Certificate Signature / Encryption / Combo
For the Organization
Authorizing Person Name:
Designation:
Employee Code:
Contact Number:

(Seal & Signature)