

Customer Identification Number : _____ (for office use only)



PLEASE TICK ANY ONE

Class2

OR

Class3

Validity 2 Years

OR

Validity 1 Year

Only Signing

OR

Sign & Encrypt

INSTRUCTIONS

- Please fill the form in English only in legible format and preferably IN BLUE INK.
- For obtaining Class 3 "In Person verification and video recording of DSC applicant" is mandatory as per CCA - Guidelines.
- As a Pre-requisite once the form is processed, Please send SMS as below to any one of these no. 7226971020 / 9913597849 / 8000281227 / 7046466623.
[Customer id :Space[**CID NO.**]Space[**Email:**] Space[_____]
- 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 visible.
- 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.
- OID would be as per our CPS. Please refer to our CPS at www.ncodesolutions.com/cps.pdf for more information.
- Incase of keypair been compromised/lost/deleted, please apply for revocation of certificate.
- FIPS 140-1/2 level validated Hardware cryptographic token required to download the DSC.

Applicant Name

APPLICANT TO SIGN ACROSS THE PHOTOGRAPH EXTENDED TO APPLICATION FORM ▶

Surname First Name Middlename

Unique Email ID

Unique Mobile No.

Affix recent
passport size
photograph of the
applicant

Identity Details of Applicant DOC No.

- *PAN Card
 Driving License
 Passport
 Govt. ID Card
 Postoffice ID Card
 Copy of Bank Account Passbook containing photo & signed by applicant with attestation by concerned Bank Officer

Tick any one and enclose the attested copy of same. (*For PAN based DSC, please provide the PAN Card details.)

Organization Name

Organizational Email ID

Govt. ID Card Detail
(Enclose attested copy)

Department

Office Address

Area / Landmark

Town/City/District

State

PIN CODE

PLEASE 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 punishable with imprisonment up to 2 years or with fine up to one lakh rupees or with both.

DECLARATION :

- 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.
- 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.
- 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

For RA use only

All Documents, address and physical presence verified by

Seal & Signature

RA Name, Seal & Signature

Customer Identification Number : _____ (for office use only)



Documents Required for Verification

Attested copy of following for Government Application

- A. Applicant's identity card.
- B. The application for DSC should be forwarded/Certified by the authorized signatory (Competent authority of the Department/ Head of Office / NIC Coordinator).
- C. Copy of identity card of authorised signatory.

Note :

- A. For Class 3 certificate, HOD should certify the physical verification of subscriber. with a statement similar to that used for life certificate of pensioners
- B. The attestation of documents may be carried out by Head of the Office/Gazetted Officer.

PAYMENT DETAILS

Date : _____ Bank Name : _____ DD / Cheque No. : _____ Amount : _____

Authorization Letter

To,
(n)Code Solutions (A Division of GNFC Ltd.)

This to certify that

Mr. / Ms. _____ (certificate applicant)

Mobile _____ has provided correct information in the application form for issue of Digital Certificate to the best of my knowledge and belief and is working with _____ (organization name). I certify the physical verification of the applicant. He / She is hereby authorized to obtain a Digital Certificate issued by (n)Code Solutions.

DETAILS OF AUTHORISING PERSON

Name	<input type="text"/>		
Designation	<input type="text"/>	Identity	<input type="text"/>
Date	<input type="text"/>	Signature of Authorising Person (Blue Ink Only) (with seal of Organization)	
Place	<input type="text"/>		
		[Sign :]

(n)Code Offices

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