

ಕರ್ನಾಟಕ ಸರ್ಕಾರ

ಇ-ಆಡಳಿತ ಕೇಂದ್ರ,

ಕೊರಡಿ ಸಂಖ್ಯೆ: 141, 2ನೇ ಗೇಟ್, ಬಹು ಮಹಡಿ ಕಟ್ಟಡ,

ಡಾ|| ಅಂಬೇಡಕರ್ ಬೀದಿ, ಬೆಂಗಳೂರು- 560001

ದೂ.: 080-22340060, 22371090

ಮಿಂಚಂಚೆ : pdproc@karnataka.gov.in



GOVERNMENT OF KARNATAKA

Centre for e-Governance

Room No. 141, 2nd Gate, M.S.Building,

Dr. Ambedkar Veedhi, Bangalore-01

Ph: 22340060,22371090,Fax:22340948

website:<https://eproc.karnataka.gov.in>

No: CEG /39/EPP/2009

Date: 04-09-2014

Sir,

Sub: New Format for Digital Signature Certificate Request Form.

The NIC Website is under maintenance, a new application is sent herewith, kindly fill new application form and send back to our office.

1. Section 1, 2 and 3 only shall be filled in.
2. Name to be as in Id proof (Acceptable Documents mentioned below).
3. Address to as in the address proof (Acceptable Documents mentioned below).
4. Applicant Sign across the photo to partly cover the photo.
5. Email Id portion shall be left blank.
6. Application Signature to match with the Signature on ID proof.

Documentation Requirement

Government Issued Photo ID.

- Pan Card
- Passport
- Driving License
- Department ID Card

Address Proof

- Passport
- Driving License
- Voter ID
- Adhar Card

Note: Using Single Document Copy for Both Photo ID and Address proof may be consider. If the Address in the photo ID is different from Address given in the application then a separate address proof shall provided. The photo ID & Address proof shall be self attested.

Yours Sincerely

(CHIPPIGIRI LAKSHMIKANTHA S.)

Project Officer,
E-Procurement Cell,

Class of Certificate	Class 2	<input type="checkbox"/>	Type of Certificate	Individual	<input type="checkbox"/>	Signing	<input type="checkbox"/>	Certificate Validity	1 Year	<input type="checkbox"/>
	Class 3	<input type="checkbox"/>		With Org Name	<input type="checkbox"/>		Encryption		<input type="checkbox"/>	2 Years

Section 1: Subscriber Details

Name*:

Designation:

Date of Birth*: Gender*: Male Female

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

* Self Attested Photo

Organisation Name* (Mandatory in case of ORG DSC):

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*:

Section 2: Identity Proof Details

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

Note*: Subscriber's signature should appear on the Photo ID Proof.

Section 3: Declaration

I hereby declare that all the information provided on 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 a digital signature certificate, the duties and responsibilities are applicable under the IT Act, India and the SafeScript CA's CPS <https://www.safescrypt.com/pdf/cps.pdf>.

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 Class3 DSC Only)

I hereby declare that the subscriber has personally appeared before me and submitted the original document copies of ID proof. I have verified the same with TRUE COPY.

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"/>
Date of Issuance:	<input type="text"/>
City:	<input type="text"/>

SafeScript CA Services brought to you by:

Sify Technologies Limited, 2nd Floor, Tidel Park, #4 Rajiv Gandhi Salai, Taramani, Chennai - 600113. E-Mail: enquiries@safescrypt.com