



State/Union Territory

Pin

Telephone No. --
Area Code Telephone No.

Fax --
Area Code Fax No.

Web Page URL, if any

APPLICANT'S (AUTHORISED SIGNATORY) PERSONAL DETAILS: * (Mandatory)

FULL NAME *
Last Name/Surname

First Name

Middle Name

GENDER * (Tick as applicable)

Male

Female

DATE OF BIRTH (DD/MM/YYYY) * / /

CONTACT ADDRESS

Flat/Door/Block No.

Name of Premises/
Building/Village

Road/Street/Post Office

Area/Locality/Taluka
Sub-Division

Town/City/District

State/Union Territory



ANY OTHER DETAILS

Date

Signature of the Applicant

TO BE FILLED BY RA OFFICE

The above details have been verified and found to be correct.

TYPE OF DIGITAL CERTIFICATE REQUIRED:

Signing Certificate (Single Key pair) - *This can be used for signing and/or encryption*

Signature of RA Office

Name:

Date:

Seal:

Instructions

1. The certificate shall be downloaded onto the same computer / Hardware device (USB token, Smart Card etc.) by login as same computer user account from where the request was initiated.
2. After placing an online request for a certificate, the following activities **shall not** be carried out until the certificate is successfully downloaded:
 - Formatting of the computer
 - Deletion of computer user account used to logon when the request was initiated
 - Reinstallation or upgrade of the Internet browser on the computer from which the certificate request was initiated.
3. At the time of registration, a valid and active email ID that is accessed frequently shall be provided.
4. The certificate must not be shared with others or used by them on your behalf.
5. If you lose your key pair, you shall inform the RA Administrator immediately and apply for the revocation of your certificate.
6. Certificate revocation is permanent and irreversible. If your certificate is revoked, you will have to reapply for a fresh certificate. The same will be approved only after the payment of necessary applicable charges.
7. The security level in the Internet Browser should be set to 'Medium' and all scripting should be enabled.
8. If your role changes and you are no longer the authorized signatory of the organization, you must contact your RA Administrator immediately and apply for the revocation of your certificate.
9. If any information provided in your certificate changes, then you shall revoke the existing certificate and apply for a new certificate. The same will be approved only after the payment of necessary applicable charges.

Declaration

I hereby confirm that I have read and understood the above instructions and will follow the above instructions for obtaining and using the Digital Signature Certificate.

Date

Place

Signature of the Applicant

The certificate Request Form and the Document Checklist along with all the supporting documents have to be forwarded to the RA Office at the following address:

Duly mark the envelope as 'APPLICATION FOR DIGITAL CERTIFICATE'

KDK Softwares (India) Pvt. Ltd.

Address:

"Goyal Villa",
A-40, Shyam Nagar,
Jaipur - 302019.
Rajasthan.

Ph: 0141-3236006
Fax : 0141-5176666

E-mail: signature@kdksoftware.com

Website: www.kdksoftware.com