This is just a sample filled form. Information is imaginary just for form filing help, can't be used for any other purpose.

sify safescrypt

Digital Signature Certificate Subscription Form
Class 2 A Individual 1 Year Signing
Class of Certificate  Class 3  B With Org. Name 2 Years Encryption Request Id
Section 1: Subscriber Details
Name*: (Applicant Subscriber) KURSAANTGOYAL
Information   KHUSHIRAM
of Applicant of Birth O 3 1992 Gender *: Male Female PAN
as per Designation : MRRKETING EXECUTIVE
supporting ganisation Name * If Applicable : NATIONAL INFORMATICS  document For ORG DSC  CENTRE
Address: Residential address in case of Individual or Organisation address in case of DSC with Org. Name  e.g. Doc Name*  2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
his/her Road Street/ Post Office *
Govt. ID Town/ City/ District  * 1/0 a/2
Card with state Union Territory *
pnoto & Country.
Signature Telephone Number* (with STD Code):  Designation, Address and Contact number of the attesting officer in at least one of the attesting officer in the attestion of the attesting officer in the attestion of the attention
Mobile Number*(of Applicant) :   V Q 9 9 / 19   C D 9
Email id* (in BLOCK LETTERS ) Cross Signature of DSC
Applicant as per Govt.
Authorization Photo Identity Proof*  Address Proof*
Though Decided to the control of the
(70VT - J . / 25 at . / 25
beit FIRMIC / L. Bank Statement )
Note*: Subscriber's signature should appear on the Photo ID Proof. For other documents see overleaf.  Section 3: Declaration
I hereby declare that all the information provided in this Subscription form for the purpose of obtaining a digital confifmate is two and consult a the heart of
knowledge. I am aware, as a subscriber for the digital signature conflicted, the duties and responsibilities which are applicable under the SafeScrypt CA CPS (https://www.safescrypt.com/pdf/cps.pdf) and also under the Section 71 of IT Act which stipulates that if anyone makes a misrepresentation or suppresses any
indernal 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
Signature of the Subscriber*  Signature of the Subscriber*
Control of the Contro
Date*: 0 8 0 5 2 0 1 7 Place*: HIS AR
Section 4: Authorisation (only for ORG DSC)
acknowledge by my signature, that the Subscriber information in this document is complete and courage 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 report time.
acknowledge by my signature, that the Subscriber information in this document is complete and of Dysial Signature Certificate in case the employee leaves the company in future.  Name of Authorizing Personnel  Stamp & Sign of Signature Certificate in Case the Company in future.
Name of Authorizing Personnel  Signature & Organisation Seal  Niment Prop Authorizing Personnel of
Prop. Organization
For office use only
Attestation By Sify Authorised LRA/Partner* (For Class 3 DSC Only)  I hereby declare that the subscriber has personally appeared on video and also submitted the
attested document copies.  Sify RA
Signature and Seal *
Date * Date of Issuance:
Note*: Safescrypt at its discretion, will make a telephone call to verify the details of the Subscriber.  SafeScrypt CA Services brought to you by: Sify Technologies Limited, 2nd Floor, Tidel Park, #4 Rajiv Gandhi Salai, Taramani, Chennai - 600113
The state of the s
Associates Name Mobile No. Email ID :

If you are filling Pan Card Number in Form, then Copy of "PAN CARD OF APPLICANT" is Mandatory & should be stamp & signed by the Authorizing Personnel.