

APPLICATION FORM FOR DIGITAL CERTIFICATE

Important Notice: <ul style="list-style-type: none"> * Fields are mandatory Strike off which are not applicable Subscriber agreement if required should be submitted along with this application form. This application form is to be filled by the applicant. All subscribers are advised to read IDRBT CA Certificate Practice Statement available at http://idrbtca.org.in/ Copy of identification document should be attached along with this application form. Application form must be submitted in person to the Registration Authority/IDRBT CA for face-to-face verification in case of Class 3 Certificate. Incomplete/Inconsistent application is liable to be rejected. 	Paste your recent passport size photograph.
Name of the Organization*	
Bank in which subscriber has account*	
New / Renewal	User- ID (in case of Renewal)

Class of Certificate*:	Certificate for*:	Application*:	Applicant Type*:	Type of Digital Certificate*:
Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/>	Individual <input type="checkbox"/> Server <input type="checkbox"/> Webserver <input type="checkbox"/>	SFMS <input type="checkbox"/> RTGS <input type="checkbox"/> Others (please specify)	Bank Employee/Officer (Online) <input type="checkbox"/> RA Official (Online) <input type="checkbox"/> Bank's Customer (Offline) <input type="checkbox"/>	Signing <input type="checkbox"/> Encryption <input type="checkbox"/> SSL Server <input type="checkbox"/> SSL Client <input type="checkbox"/> Object Signing <input type="checkbox"/>

PERSONAL DETAILS									
Name*:							Sex*: Male <input type="checkbox"/>		
Email Address*:							Female <input type="checkbox"/>		
Address for communication*:									
Pin code*:		Telephone*:							
Date of Birth*:								(dd/mm/yyyy) For Ex: 10 th May, 1975 is 10051975	
Identification Details* (Valid and not expired)	Any one of: Passport No./PAN Card No./Voter's ID Card No./Driving License No./Emp. ID/PF No.								
Bank details*:	Bank & Branch Name								
	Bank Branch Address								
	Bank Account No.								
	Type of Bank Account								

CERTIFICATE REQUEST DETAILS	
<p style="text-align: center; margin: 0;">The following details will be reflected in the certificate.</p> <p style="text-align: center; margin: 0;">Make sure that these details match with those given to generate request using certificate request generation tool or any other PKCS #10 request generation tool.</p> <p style="text-align: center; margin: 0;">If necessary, contact your application provider for these details before filling the form.</p>	
Common Name* <i>(Name of the person, Server Name, Registered domain name, IFSC etc)</i>	
E-Mail* <i>(Valid email address to which the communication be made)</i>	
Organization* <i>(Name of the organization eg: IDRBT)</i>	
Organization Unit* <i>(Name of the department eg: Certifying Authority)</i>	
City/Locality* <i>(Name of the city/town eg: Hyderabad)</i>	
State/Union Territory* <i>(Name of State/UT eg: Andhra Pradesh)</i>	
Country*	India

Signature of Superior Authority	Signature of Applicant
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DECLARATION AND UNDERTAKING BY THE APPLICANT*

All the above information provided by me is true to the best of my knowledge and belief. I accept the responsibility for the safety and integrity of the private key by controlling the access to the computer/device containing the same, so that it is not compromised and I will immediately notify my RA/ IDRBT CA in event of key compromise. I agree to publish the Digital Certificate in the IDRBT CA repository and will report IDRBT CA of any error or defect in the certificate and change in the above information.

Date:

Place:

Name of the Applicant:

Signature of the Applicant

FOR SUPERIOR AUTHORITY/BRANCH MANAGER OF APPLICANT*

This is to certify that Mr/Ms..... has provided correct information in the "Application Form for Digital Certificate" to the best of my knowledge and belief. I hereby authorize him/her, to apply for obtaining Digital Certificate from IDRBT CA for the purpose specified above.

Date:

Place:

Name of the Officer:

Official Email:

(Signature)

Phone No:

(Official Seal)

DECLARATION AND UNDERTAKING BY RA OFFICIALS APPLYING FOR NEW/RENEWAL CERTIFICATE *

The Applicant who is an authorised official, for and on behalf of submits this application to act as RA Administrator/Operator

1. Agrees to accept responsibility for the safety and integrity of the private key so that it is not compromised.
2. Agrees to immediately notify IDRBT CA, in the event of compromise or any reasonable suspicion of compromise of his/her private key / Digital Signature Certificate.
3. Agrees to use keys & Digital Signature Certificate strictly for authorised purposes viz. To discharge the functions as Registration Authority only.
4. Acknowledges that for wrongful utilization of the Digital Certificates, the applicant shall be liable under the Information Technology Act, 2000 or/and any other relevant law/s of the land.
5. Acknowledges that in making this application, he/she is consenting to certificate issue in the event the application is accepted.
6. Agrees to publish the public key and certificate in the IDRBT CA directory Services.
7. Agrees to use certificates in accordance with the purpose for which they are issued.
8. Agrees to prove possession of private keys and establishing the right to use in case of necessity.
9. Agrees to report to IDRBTCA any error or defect in the certificates immediately or of any subsequent changes in the certificate information.
10. Agrees to exercise due diligence and sensible judgment before deciding to rely on a digital signature, including whether to check on the status of the relevant certificate.
11. Agrees to renew the certificate(s) as and when required to do so.

All the information provided by me above is true to the best of my knowledge and belief and the documents of which details are furnished are valid and not expired. I undertake to promptly notify the IDRBTCA in the event of any change in the information contained herein above. I am submitting this application as an authorized person for carrying out only authorized functions as RA by using the Digital Certificate in the discharge of my official duties. I shall not use the Digital Certificate for any other purpose except the aforesaid purposes.

Date:

Place:

Name of the RA Official:

Signature of the RA Official

FOR RA/ IDRBT CA PURPOSE ONLY

Checklist	Date & Time	Initials
Received the application form for digital certificate?		
Verified the photocopies of the identification document (in case of Class 2 Certificate) (Passport/Voter's Identity Card/PAN Card/Domain registration)?		
Verified the identification documents in case of Class 3 Certificate (Passport/Voter's Identity Card/PAN Card/Domain registration)?		
Collected the PKCS#10 request for Secure Web Server Certificate?		
Face-to-Face verification? (in case of Class 3 Certificate)		

CONTACT ADDRESS

IDRBT Certifying Authority,
Road No. 1, Castle Hills, Masab Tank, Hyderabad – 500 057, India.
Phone/Fax: +91 40 23536297
Email: cahelp@idrbc.ac.in
Website: <http://idrbc.org.in/>