

APPLICATION FORM FOR DIGITAL CERTIFICATE

Important Notice: <ul style="list-style-type: none"> Subscriber agreement should be submitted along with this application form filled by the applicant. All subscribers are advised to read IDRBT CA Certification Practice Statement available at http://idrbtca.org.in/ Copy of identification document of applicant (PAN and Aadhaar) attested by superior authority with seal should be attached along with the application form. Self-attested copy of identification document of superior authority (PAN and Emp. ID) should be attached along with this application form. Application form must be submitted to the Registration Authority/IDRBT CA for face-to-face verification in case of Class2/Class3 Certificate. Incomplete/Inconsistent application is liable to be rejected. 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. * Fields are mandatory. Strike off which are not applicable. 	Paste your self-attested recent passport size photograph
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Name of the Organization*			
Bank in which subscriber has account*			
New / Renewal	User- ID (in case of Renewal)		Validity 1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/>

Class*:	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 (System) <input type="checkbox"/> Web Server (SSL) <input type="checkbox"/>	SFMS <input type="checkbox"/> NGRTGS <input type="checkbox"/> CTS <input type="checkbox"/> Others (please specify)	Bank Employee/Officer <input type="checkbox"/> RA Official <input type="checkbox"/>	Signing <input type="checkbox"/> Encryption <input type="checkbox"/> System <input type="checkbox"/> Web Server (SSL) <input type="checkbox"/> Code Signing <input type="checkbox"/>

PERSONAL DETAILS

Name*:					Sex*:	Male
Email Address*:						Female
Address for communication*:						
	Pin code*:		Telephone*:		Mobile No:	
Date of Birth*:						(dd/mm/yyyy) For Ex: 10 th May, 1975 is 10051975
Identification Details*	Aadhaar No*:				PAN No*:	
Bank details*:	Bank & Branch Name					
	Bank Branch Address					
	Bank Account No.		Type of Bank Account SB <input type="checkbox"/> CA <input type="checkbox"/>			

CERTIFICATE REQUEST DETAILS

*The following details will be reflected in the certificate.
 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.
 If necessary, contact your application provider for these details before filling the form.*

Common Name* <small>(Name of the person, Server Name, Registered domain name, IFSC Code etc)</small>	
E-Mail* <small>(Valid email address to which the communication be made)</small>	
Organization* <small>(Name of the organization eg: IDRBT)</small>	
Organization Unit* <small>(Name of the department eg: Certifying Authority)</small>	
City/Locality* <small>(Name of the city/town eg: Hyderabad)</small>	
State/Union Territory* <small>(Name of State/UT eg: Andhra Pradesh)</small>	
Pin Code*	
Country*	India

Signature of the Superior Authority

Signature of the Applicant

DECLARATION AND UNDERTAKING BY THE APPLICANT

All the above information provided by me is true to the best of my knowledge and belief. I agree to use only FIPS 140-1/2 Level 2 validated cryptographic modules for key generation and storage. 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. I have done physical verification of the subscriber and take responsibility of identification.

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 authorized official, for and on behalf of Submits this application to act as RA Administrator/Officer

1. Agrees to accept responsibility for the safety and integrity of the private key so that it is not compromised.
2. Agrees to use only FIPS 140-1/2 Level 2 validated cryptographic modules for key generation and storage of keys.
3. 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.
4. Agrees to use keys & Digital Signature Certificate strictly for authorized purpose viz. to discharge the functions as Registration Authority only.
5. 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.
6. Acknowledges that in submitting this application, he/she is consenting to certificate issuance in the event the application is accepted.
7. Agrees to publish the public key and certificate in the IDRBT CA directory Services.
8. Agrees to use certificates in accordance with the purpose for which they are issued.
9. Agrees to prove possession of private keys and establishing the right to use in case of necessity.
10. Agrees to report to IDRBT CA any error or defect in the certificates immediately or of any subsequent changes in the certificate information.
11. 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.
12. 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 PURPOSE ONLY

Checklist	Date & Time	Initials
Received the application form for digital certificate		
Physical Verification(in person/VC/Certified by SA or RA)		
Verified the identification documents(Aadhar card/PAN Card/ Passport /Domain registration)		
Collected the PKCS#10 request for Secure Web Server Certificate		
Creation of user ID		
Request from Subscriber with Request Number.		
Processing		

CONTACT ADDRESS

IDRBT Certifying Authority,
Road No. 1, Castle Hills, Masab Tank, Hyderabad – 500 057, India.
Phone: +91 40 23294217/19/21/23 /Fax: +91 40 23535157
Email: cahelp@idrbt.ac.in
Website: <http://idrbtca.org.in>