

## APPLICATION FORM FOR TEST DIGITAL CERTIFICATE

**Important Notice:**

- 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 or Aadhaar and Emp.ID card) 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 Class 3 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 and sign across the photo

<b>Name of the Organization*</b>		
<b>Bank in which subscriber has account</b>		
<b>New / Renewal</b>	<b>User- ID (in case of Renewal)</b>	<b>Validity:</b> 1 Month <input type="checkbox"/> 6 Months <input type="checkbox"/>

Class*:	Certificate for*:	Application*:	Applicant Type*:	Type of Digital Certificate*:
Class 1 <input type="checkbox"/>	Individual <input type="checkbox"/>	SFMS <input type="checkbox"/>	Bank Employee/Officer (Online) <input type="checkbox"/>	Signing <input type="checkbox"/>
Class 3 <input type="checkbox"/>	Server (System) <input type="checkbox"/>	NGRTGS <input type="checkbox"/>	RA Official (Online) <input type="checkbox"/>	Encryption <input type="checkbox"/>
	Web Server (SSL) <input type="checkbox"/>	CTS <input type="checkbox"/>		System <input type="checkbox"/>
		Others <input type="checkbox"/>		Web Server (SSL) <input type="checkbox"/>
		(Please specify) .....		Code Signing <input type="checkbox"/>

### PERSONAL DETAILS

<b>Name*:</b>					<b>Sex*:</b>	Male
<b>Email Address*:</b>						Female
<b>Address for communication*:</b>						
	<b>Pin code*:</b>	<b>Telephone:</b>		<b>Mobile No*:</b>		
<b>Date of Birth*:</b>						(dd/mm/yyyy) For Ex: 10 <sup>th</sup> May, 1975 is 10051975
<b>Identification Details* (Valid and not expired)</b>	<b>PAN Card No*</b>				<b>Aadhaar No</b>	
	<b>Bank &amp; Branch Name</b>					
<b>Bank details:</b>	<b>Bank Branch Address</b>					
	<b>Bank Account No.</b>		<b>Type of Bank Account:</b> 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.*

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

Signature of Superior Authority

Signature of 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)

**FOR RA/ IDRBT CA 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		

**COST DETAILS**

Validity of Test Certificates	Type of Certificate	Amount + GST	Total (Inc. GST* )
6 Months	Class 3 Signing / Encryption	Rupees 1000 + 180	Rupees 1180
6 Months	Class 3 System / SSL	Rupees 5000 + 900	Rupees 5900

Central Goods and Service Tax 18%

**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