

## Please select Certificate type

TP: Please select class of certificate and validity.

Applicant ID (Internal use)

Order ID (Internal use)

Class  2  3

Year  1  2  3

Type  Sign  Encrypt  Sign & Encrypt

## Please fill the applicant details

TP: The certificate will be issued in the following name.

Applicant Name

PAN Number

E-mail ID

Mobile No.

## Please fill organization details

TP: Please tell us about your organization.

Organization Name

Organization Address

Department

Designation

TAN Number (if applicable)

Pin Code

Town/City/District

State/Union Territory

GST No.

**Note:** 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 liable for punishment with imprisonment up to 2 years or with fine up to one lakh rupees or both.

## Instructions:

1. Please fill up the form in 'English' only.
2. Incomplete, illegible or inconsistent applications will be rejected.
3. DSC Download link is sent to the applicant email only.
4. The certificates must be downloaded only in a cryptographic device.
5. Applicants must refer to CapricornID CPS at [www.certificate.digital](http://www.certificate.digital).
6. For Class 2 & 3 certificate, HOD should certify the physical verification of subscriber. With a statement similar to that used for life certificate of pensioners.
7. The attestation of documents may be carried out by Head of Office/Gazetted Officer.
8. Contact us at : [support@certificate.digital](mailto:support@certificate.digital) or at +91 (011) 6548 9360
9. The forms must be sent to - G-5, Vikas Deep Building, Plot-16, Laxmi Nagar District Centre, Delhi- 110 032, India
10. for encryption certificate only  
I hereby undertake that a backup copy of the encryption key will be securely maintained by me (Applicant)
11. Applicant has to sign across the photograph extended to application form.

## Applicant Declaration

I hereby agree to abide and confirm, that I have read and understood provisions, guidelines & practices of CapricornID CPS and the subscriber agreement. The information provided in this application form is correct and true in all respects.

Place:

Date:

Signature of applicant as in ID Proof with seal of organization (Blue ink only)

affix recent  
passport  
size coloured photograph  
of the  
applicant

applicant has to sign across  
the photograph extended  
to application form

This form is applicable to officers of Central Government / State Government / PSUs / Autonomous body of Central Government /

### Documents Required:

- Applicant's government id card / Letter from organization for existence of applicant / Pay slip
- Authorization letter forwarded / Certified by Department / Head of Office / Coordinator mentioning Mobile number and eMail address of the applicant. ( In letterhead )
- Identity card of authorized signatory (authorising person) or proof of authorized signatory's association with organization.

### Authorization Letter

**NOTE:** The authorized signatories for applying digital signature certificate should be duly authorized by the resolution of board of directors/ partners.

TO,

CAPRICORN IDENTITY SERVICES PVT. LTD.

This is to certify that

Mr. / Ms (certificate applicant) \_\_\_\_\_

Mobile no. \_\_\_\_\_ and email id \_\_\_\_\_ has provided correct information in the application form for issuance of digital certificate

to the best of my knowledge, is working with (organization name) \_\_\_\_\_

He / She is hereby authorized to obtain a digital certificate issued by Capricorn Identity Services Pvt. Ltd.

### Details of authorising person

Name

Designation

Identity / Card No. / Employee Id

Date

Place

Signature of authorizing person only with seal of the organization



### Authorization Letter by Govt. Organization

(To be printed on organization letter head / Office seal. To be signed by Authorized Signatory / Government Department in-charge. To be used, if the authorization is not made on Application Form.)

To,

Capricorn Identity Services Pvt. Ltd. (Capricorn CA)

G-5 , Vikas Deep building , Plot . 18,

Laxmi Nagar District Center,

Delhi-110092

**Sub:** Authorization for obtaining Digital Signature Certificate (**Certificate Type**)

Dear Sir/ Madam,

With Subject to the below following Employee/Employees have applied for Digital Signature Certificate the details are as under.

Employee Name	Designation	Employee Mobile No.	Employee Email id

As per-requisite of the Identity Verification Guidelines by controller of Certifying Authorities, We hereby certify as below:

- 1 - All the applicants (as per names mentioned above) are working in (organization name and Address).
- 2- All the details of Applicants are physically verified by me.
- 3- Their individual mobile no. And email id are active (contact no to be put in DSC) and have been verified by me.
- 4- I confirm the Physical Verification of Applicant.
- 5- I am enclosing my self-attested ID Card

I declare that the above (employee or employees) are live and information submitted is correct as per my knowledge.

For the Organization,

(Seal & Signature)

**Authorizing Person Name:** \_\_\_\_\_

**Designation:** \_\_\_\_\_

**Mobile No. :** \_\_\_\_\_

## Letter of Identity Proof by Organization

(To be printed on organization letter head / Office seal. To be signed by HRD of Organization / Authorized Signatory / Government Department in-charge. To be used if the Organizational ID card is not available for the applicant.)

To:

Capricorn Identity Services Pvt. Ltd. (Capricorn CA)  
G-5 , Vikas Deep building , Plot . 18,  
Laxmi Nagar District Center,  
Delhi-110092

**Subject: Organizational ID Proof of the applicant**

Organization Name: \_\_\_\_\_

Name of the Individual		Affix passport size photograph Cross sign across the Photo
Org ID Number (if available)		
Designation		
Department		

Applicant Signature

\_\_\_\_\_

The above applicant is part of the organization but organization ID card is not issued to him yet. It is humbly requested to consider their personal ID etc. For issuing govt. DSC for our organization.

I hereby confirm the Identity of the above Individual. I'm the Authorized Personnel to certify the Identity on behalf of the Organization.

For the Organization,

(Seal & Signature)

Authorizing PersonName: \_\_\_\_\_

Designation: \_\_\_\_\_

Mobile No. : \_\_\_\_\_

