

Telephone No.

[illegible]

Area Code

Telephone No.

Fax No.

[illegible]

Area Code

Fax No.

Details of at least one are mandatory #

**EMPLOYEE
IDENTIFICATION NO. #**

[illegible]**PASSPORT NO. #**[illegible]

**VOTER'S IDENTITY
CARD NO. #**

[illegible]**INCOME TAX PAN NO. #**[illegible]

E-MAIL ADDRESS * (Mandatory - a valid and active email ID that is accessed frequently)

[illegible]

Date

Signature of the Applicant

Instructions

1. All subscribers are advised to read Certificate Practice Statement of CA.
2. The certificate shall be downloaded onto the same computer / Hardware device (USB token, Smart Card etc.) by login as same computer user account from where the request was initiated.
3. After placing an online request for a certificate, the following activities **shall not** be carried out until the certificate is successfully downloaded:
 - Formatting of the computer
 - Deletion of computer user account used to logon when the request was initiated
 - Reinstallation or upgrade of the Internet browser on the computer from which the certificate request was initiated.
4. The certificate must not be shared with others or used by them on your behalf.
5. If you lose your key pair, you shall inform the RA Administrator immediately and apply for the revocation of your certificate.
6. Application form must be submitted in person.
7. Incomplete/Inconsistent application is liable to be rejected.

Declaration

I hereby confirm that I have read and understood the above instructions and will follow the above instructions for obtaining and using the Digital Signature Certificate.

Date:

Place:

Signature of the Applicant

LETTER OF AUTHORITY

This is to certify that Mr./Ms. _____ has provided correct information in the "Application form for issue of Digital Certificate for subscriber of Government" to the best of my knowledge and belief. I hereby authorize him/her, on behalf of my organization to apply for obtaining Digital Certificate from CA for the purpose specified above.

Date:

Place:

Name of Officer with Designation:

(Signature of Officer with stamp of Org./Office)

Office Email:

TO BE FILLED BY RA OFFICE

The above details have been verified and found to be correct.

Signature of RA Office

Name:

Date:

The certificate Request Form and the Document Checklist along with all the supporting documents have to be forwarded to the RA Office at the following address:

Duly mark the envelope as 'APPLICATION FOR DIGITAL CERTIFICATE'

MSTC Limited - Registration Authority

Address:

225-C,
Acharya Jagadish Bose Road,
Kolkata - 700 020.

Mr. Rajesh Das

Ph: 033 - 22891401
Fax: 033 - 22831002
Mobile: 098303 51608
E-mail: rajeshdas@mstcindia.com

Mr. Sekhar Datta

Ph: 033 - 22878426
Fax: 033 - 22878547
Mobile: 098302 19385
E-mail: sekhardatta@mstcindia.com