

# MODEL APPLICATION FORM

NIC Certifying Authority  
National Informatics Centre  
Ministry of Communications and Information Technology  
Government of India

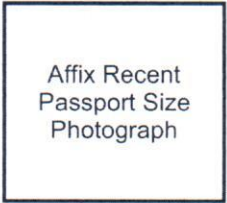
Ref. No. ....  
(To be filled by NICCA)

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## DIGITAL SIGNATURE CERTIFICATE REQUEST FORM

### NOTE:

1. This application form is to be filled by the applicant.
2. Please fill the form in BLOCK LETTERS.
3. Please Tick (✓) the appropriate option.
4. All subscribers are advised to read Certificate Practice Statement of CA.
5. Incomplete/Inconsistent applications are liable to be rejected.
6. Validity period should not exceed the date of superannuation of the applicant.
7. Asterisk (\*) marked entries should not be left blank as these are reflected in the Digital Signature Certificate.



1. Category of Applicant	:	Government / Judiciary / PSU & Statutory Bodies / Registered Companies
2. Class of Certificate Required (see pt. 11 at page 4)	:	Class I / Class II / Class III
3. Certificate Required (Usage) (see pt. 11 at page 4)	:	Individual (Signing) / Encryption / SSL Server
4. Certificate Validity (Max. 2 Years)	:	Two years / Specify validity (if less than 2 years) _____
5. Date of superannuation* (dd/mm/yyyy)	:	(Date of Retirement)
6. Name*	:	_____ (First Name) _____ (Middle Name) _____ (Last Name)
7. Designation	:	_____
8. Email ID* (Official email-ID preferred)	:	_____
9. Ministry/Department	:	_____
a) Office Address	:	District Social welfare office PB Road Tumkur
	:	Telephone (Official) 080-12345 (Resi/Mobile) 09469123456
b) Residential Address	:	_____
10. Identification Details (Tick any one) [ Employee ID / Passport No. / PAN Card No. / Voter ID Card No. / Driving License No. / PF No. / Bank Account Details / Ration Card No. ]	:	_____
11. Certificate Subject Details* (These will be used in Certificate subject.)	:	Organization* Social Welfare Department Organization Unit* _____ City* Tumkur State* Karnataka Country* INDIA
12. SSL Certificate Details (In case the application is for a device then details of Server/Device for which the certificate is being applied for must be filled.)	:	Web Server NA Services NA IP Address NA URL/Domain Name NA Physical Location NA

Date: \_\_\_\_\_  
Place: Tumkur 25/6/2012

DSWO Signature  
\_\_\_\_\_  
(Signature of the Applicant)

(For NICCA Office use only)

Smart Card/USB Token Sr. No.: .....

Request No : .....

Authorised Signatory / RAA:

RA Code : .....

Name: .....

Date: .....

Remarks: .....

All \* are mandatory information to be filled.  
(1) NAME (2) Date of Retirement (Sl.No 5)  
(3) email ID (Sl.No 7) (4) Copy of Photo ID (Sl.No 10)  
are to be filled compulsorily

**Declaration by the Subscriber**

I hereby declare and understand that

1. I have read the subscriber agreement under Resources (<https://nicca.nic.in>).
2. I shall keep the private key safe and will not share with others.
3. I shall verify the contents and the correctness of the certificate before accepting the DSC.
4. I shall send a signed mail to NIC-CA ([support@camail.nic.in](mailto:support@camail.nic.in)) to acknowledge the acceptance of the DSC.  
**I also undertake to sign an additional declaration form in case of Encryption Certificate.**
5. I shall not use the private key before acceptance of the DSC.
6. I authorize NIC-CA to publish the certificate in the NIC-CA repository after acceptance of the DSC.
7. If the private key of my DSC is compromised, I shall communicate to NICCA without any delay as per requirement mentioned in Regulation 6 of Information Technology (Certifying Authority) Regulations, 2001. (Doc ID CA2-50027.pdf, available under Repository>CPS & Forms>All Forms at <https://nicca.nic.in>)
8. I understand the terms and conditions of issued DSC and will use the DSC under the terms of issue as in the Certificate Practice Statement.
9. I understand that on cessation of my employment, I shall inform NICCA and my present employer for revocation of my Digital Signature Certificate.
10. I certify the following: (*Tick whichever is applicable*)
  - I have not applied for a DSC with NIC-CA earlier.
  - I have been issued a DSC by NICCA with User ID NA which is Valid/Revoked/Suspended/Expired.

The information furnished above is true to the best of my knowledge and belief. I will comply with the terms and conditions of Subscriber (as in section 40-42 of the IT Act 2000) and those of the Certificate Practice Statement of the NIC-CA. If at a later stage any information is found to be incorrect or there is non-compliance of the terms and conditions of use of the DSC, NIC-CA will not be responsible for the consequences/ liabilities and will be free to take any action including cancellation of the DSC.

Date : 25/06/2013  
Place : J. Shankar

DSWD Signature  
.....  
(Signature of the Applicant)

**Verification and Declaration by Head of Office of Applicant**

1. This is to certify that Mr./Ms \_\_\_\_\_ has provided correct information in the Application form for issue of Digital Signature Certificate for subscriber to the best of my knowledge and belief. I have verified the credential of the applicant as per the records and the **guidelines given at page 5**. I hereby authorize him/her, on behalf of my organization to apply for obtaining DSC from NICCA for the purpose as specified at point 3 of page-1.
2. It is noted that the organization shall inform NICCA for revocation of DSC on the cessation/superannuation of his/her employment.

Date : .....  
Place : .....  
Office Email: .....

J D (EDUCATION) Signature  
.....  
(Signature of Officer with stamp of Org./Office)  
Name of Officer with Designation: .....

**Forwarded by SIO / NIC Coordinator**  
(Only for Class-2 & Class-3 Certificate)

NIC Signature  
(Signature of SIO /NIC Coordinator)  
Name: .....  
Date: .....  
Office Seal:

*This form is to be forwarded to the respective RA Office of NIC-CA.*