

# DSC FOR GOVERNMENT ORGANIZATION

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

## • Please select Certificate type

TIP : Please select class of certificate and validity.

Class	2 <input type="checkbox"/>	3 <input type="checkbox"/>	Year	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	Type	Sign <input type="checkbox"/>	Encrypt <input type="checkbox"/>	Sign & Encrypt <input type="checkbox"/>	Applicant ID (Internal use)	Order ID (Internal use)
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## • Please fill the applicant details

TIP : The certificate would be issued in the following name.

Applicant Name		PAN Number	
E-mail ID		Mobile No.	

## • Please fill organization details

TIP : Please tell us about your organization.

Organization Name			
Organization Address			
Department		Designation	
Pin Code		Town/City/District	
GST No.		State/Union Territory	
		TAN Number (If applicable)	

**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) 6140 0060
9. The forms must be sent to : G-5, Vikas Deep Building, Plot-18, Laxmi Nagar District Centre, Delhi- 110 092, 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 respect.

Place:

Date:

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

affix recent  
passport  
size photograph  
of the  
applicant

applicant has to sign across  
the photograph extended  
to application form

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### 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 authorised signatory (authorising person) or proof of authorised signatory's association with organisation.

I hereby declare that neither PAN  nor Aadhaar  Number has been issued to me.

### 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 authorising person only with seal of the organization

