

## मध्यप्रदेश ग्रामीण सड़क विकास प्राधिकरण

(म.प्र.शासन, पंचायत एवं ग्रामीण विकास विभाग के अधीन)  
खण्ड-2, पंचम तल, पर्यावास भवन, अरेरा हिल्स भोपाल

क्र.4933/22/वि-12/ग्रा.स.प्रा/IT/2018

भोपाल, दिनांक

7/03/2018

प्रति,

महाप्रबंधक (समस्त)  
म.प्र.ग्रामीण सड़क विकास प्राधिकरण,  
परियोजना क्रियान्वयन इकाई  
मध्यप्रदेश

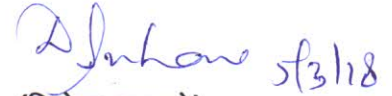
विषय:- समस्त PIU's के Account Officers हेतु DSC बनाए जाने के संबंध में।

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उपरोक्त विषयांतर्गत समस्त PIU's के Online EMD for e-tendring के कार्य हेतु Account Officers के Digital Signature Certificate (DSC) बनाए जाने है।

अतः दिनांक 15.03.2018 तक या उससे पूर्व पीआईयू के Account Officer द्वारा संलग्न फार्म पूर्ण रूप से Blue Ink पेन द्वारा भरकर <sup>Hard Copy में</sup> मुख्यालय में भेजना सुनिश्चित करें, ताकि Digital Signature Certificate (DSC) संबंधी आगामी कार्यवाही शीघ्र की जा सके।

- संलग्न :- 1. DSC फार्म 2 पृष्ठों में  
2. Check List for Digital Signature



(दिनेश सुहाने)

मुख्य महाप्रबंधक (वित्त)  
म.प्र. ग्रामीण सड़क विकास प्राधिकरण  
भोपाल (म.प्र.)

**APPLICATION FORM - SIGNATURE / ENCRYPTION CERTIFICATE**

FOR GOVERNMENT ORGANIZATION

 Application ID: (S)  (E) 

(For Office Use Only)

**PLEASE FILL IN BLOCK LETTERS ONLY. ALL FIELDS ARE MANDATORY**More Instructions available at: <http://www.e-mudhra.com/instruction.html>**APPLICANT INFORMATION**

LASTNAME          FIRST NAME          MIDDLE NAME

 Date of Birth  Gender  Male  Female Nationality 

 Organisation Name 

 Department 

 Org Address 

 City  Pin code 

 State 

 PAN of Applicant  Mobile 

 Email ID 

 Affix recent passport size photograph of the applicant **duly signed across**
**CLASS:**
 Class 1     Class 2     Class 3
**TYPE:**
 Signature     Encryption     Combo
**VALIDITY:**
 1 Year     2 Years
**DOCUMENT PROOF** (attested by Authorized Signatory of the Organization)**Document required:**

- Copy of Applicant's Government ID Card / Letter from Organization / Pay Slip
- Authorized Signatory Organisational ID Card / Self-Attested Letter of Organizational Identity
- Copy of PAN Card of Applicant, if PAN provided

**DECLARATION BY APPLICANT**

I hereby agree that I have read and understood the provisions of e-Mudhra Certification Practice Statement (CPS) and the subscriber agreement and will abide by the same. The information provided in this form is true & correct to the best of my knowledge. I accept publishing my certificate information in e-Mudhra repository. I am aware of risks associated in case of Class 1 Certificate, when storing the private key on a device other than a FIPS 140-1/2 validated cryptographic module.

Date Place 
 Signature of the applicant  
 (As in ID proof | Blue Ink Only)
**AUTHORIZATION**

I hereby authorize this application on behalf of the organization. I hereby confirm the mobile number of Applicant given above. In case of class 3, I confirm the Physical Verification of Applicant.

Authorized Signatory (Sign and Seal)

**TO BE FILLED BY RA OFFICE ONLY**

I declare that the applicant has provided correct information in this application form. I have checked and verified the application form and supporting documents. I hereby take full responsibility for any wrong verification made, or wrong documents submitted for the application.

Date 

RA Name, Code &amp; Seal

Signature of RA

## Authorization Letter by 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:  
eMudhra Limited  
Bangalore

Subject: Authorization of the applicant by the organization

I hereby Authorize the below applicant to apply for Digital Signature / Encryption Certificate, on behalf of the Organization.

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

Name of the Applicant	
Org ID Number (if available)	
Designation	
Mobile Number	

Class of Certificate  Class 2  Class 3

Type of the Certificate  Signature  Encryption  Combo

I hereby confirm the mobile number of Applicant given above. In case of class 3, I confirm the Physical Verification of Applicant.

For the Organization,

(Seal & Signature)

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

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



### Check List for Digital Signature

1. Form पूर्ण रूप से **Blue Ink** पेन से Fillup करें।
2. Form के प्रथम पृष्ठ में निर्धारित स्थान पर फोटो चस्पा कर क्रॉस स्वहस्ताक्षर करें।
3. Form के प्रथम पृष्ठ पर Org. Address box में पीआईयू का पूर्ण पता लिखें जोकि आपके Office ID में भी अंकित हो।
4. Form के प्रथम पृष्ठ में **Class- Class-2, Type- Combo, Validity- 2 Years** पर **Tick** करें।
5. Form के प्रथम पृष्ठ पर Declaration By Applicant में Signature of applicant पर Signature करें तथा Authorization Block में Signature न करें।
6. Form के द्वितीय पृष्ठ को पूर्ण रूप से Fillup करें तथा हस्ताक्षर न करें।
7. Form के साथ Pan Card एवं Office ID की स्वहस्ताक्षरित प्रतिलिपी संलग्न करें।
8. **Blue Ink** पेन द्वारा पूर्ण रूप से भरे हुए Form को निर्धारित समयसीमा के अंदर मुख्यालय भोपाल में जमा कराना सुनिश्चित करें।