1 Year DSC	2 Year DSC	
CLASS -		
	Digital Signature	Certificate Application Check List To be filled by applicant)
Name:		User ID:
City:	e-Mai	l:
Company:		
Ph / Cell No.:		Enrollment Request Number:
	(For	office use only) CISPL DCFC Code No:
	by RA Office or Digital Certifica	
	ype of application form is used	
_		pplication form and signed across .
	e office address and residentia	<u> </u>
_		ts the correct documents attached.
	. •	ed at the time of online enrolling process, is attached. th proper dates. (Two signatures)
_		reinstall internet browser or operating system before
	ding digital signature.	enistal internet browser of operating system before
DSC Kit Sr. No.		
DCFC Authority:		CISPL RA Administrator:
-	ure of DCFC Authority	Seal and Signature of CISPL RA Administrator
		owledgment / Receipt
		Enrollment Request Number:
obtaining a Clas		The applicant will receive notification over e-mail once the digital load.
Received with th	anks Rs by 0	Cash / DD / Chq No drawn on
		Bank.
Date:		Seal and Signature of RAA / DCFC Admin

CISPL DCFC Code _____

Chartered Information Systems Pvt. Ltd. www.charteredinfo.com

Registering Authority:



TATA CONSULTANCY SERVICES LIMITED – CERTIFYING AUTHORITY REQUEST FORM FOR CLASS-3 CERTIFICATE

USER TYPE - INDIVIDUAL

Instructions:

- 1. Please fill the form in BLOCK LETTERS
- 2. Items marked with * are mandatory.
- 3. For the items marked with #, details for at least one are mandatory.

Affix recent
Passport size
Photograph of the
Applicant
Please sign across
the Photograph

Details to be filled in by the Applicant: *															Ū	•
FULL NAME * Last Name/Surname																
First Name													 	 		
Middle Name																
ADDRESS A. Residential Address	*															
Flat/Door/Block No.																
Name of Premises/ Building																
Road/Street/Post Office	nises/ Post Office strict Territory D.															
Road/Street/Post Office																
Town/City/District																
State/Union Territory																
Pin Code																
Telephone No.																
Mobile Phone No.																

TATA CONSULTANCY SERVICES

B. Office Address										
Name of Organisation								I	I	
Flat/Door/Block No.							Ι			
Name of Premises/ Building/Village										
Road/Street/Post Office										
Area/Locality/Taluka Sub-Division										
Town/City/District										
State/Union Territory										
Pin Code										
Telephone No.										
Fax No.	Area C				phone :	No.	Ι			
Area Code Fax No. ADDRESS FOR COMMUNICATION * (Tick as applicable) Residential Address Office Address										
FATHER'S NAME *							L			
Last Name/Surname										
First Name										
Middle Name										
SEX * (Tick as applicable))									



TATA CONSULTANCY SERVICES

DATE OF BIRTH (DD/MM/YYYY) * / / /
NATIONALITY *
Visa details, in case of Foreign Nationals
Details for at least one is mandatory*
PASSPORT DETAILS #
Passport No.
Passport Issuing Authority
Passport Expiry Date
VOTER'S IDENTITY CARD NO. #
DRIVER'S LICENSE NO. #
INCOME TAX PAN NO. #
E-MAIL ADDRESS *

Date

Signature of the Applicant

To be filled by TCS – RA Office	
The above details have been verified and found to be correct.	
	Signature of RA Office
	Name: Date:
	Seal:

DOCUMENT CHECKLIST FOR <u>INDIVIDUAL</u> TYPE OF CERTIFICATE

The following is a list of the supporting documents that you need to submit along with this Form.

NOTE:

- NOTARIZATION WHERE REQUIRED SHOULD BE DONE BY NOTARY PUBLIC.
- ATTESTATION TO BE DONE BY GAZZETTED OFFICER.

Sr. No.	Required Documents	Document submitted	Documents verified by		
	(Photo copies)		RA		
1	<u>Applicant Verification Document for Photo-</u> <u>Id proof</u> (any one attested copy required)				
	• Passport				
	Pan Card				
	Driver's license				
	Employer Photo-Id				
	(Only Public Limited Companies, Banks and		_		
	Government Organisation)				
2	Applicant Verification Document for Address proof (any one attested copy required)				
	Telephone bill				
	Electricity bill				
	Bank statement attested by the Bank				
	Pan allotment letter				
	Ration Card				
3	Certificate Request form (Required)				
4	Online Certificate Enrollment Form with Request Number				



Declaration

I hereby agree that I have read and understood the following instructions carefully and ensure proper usage of the Digital Certificate.

- 1. The certificate should be downloaded onto the same machine/device from where the request was initiated.
- 2. After placing an online request for a certificate, the following activities should not be carried out until the certificate is successfully downloaded:
 - $\sqrt{}$ Formatting of the machine the machine
 - Reinstallation or upgrade of the internet browser on the machine from which the certificate request was initiated
- 3. At the time of registration, a valid email ID that is accessed regularly should be provided.
- 4. Certificate revocation is permanent and irreversible. If my certificate is revoked, I will have to reapply for a fresh certificate. The same will be approved only after the payment of necessary applicable charges.
- 5. The security level in the Internet Browser should be set to 'Medium' and all scripting should be enabled.
- 6. The 'Certificate Trust Chain' has to be downloaded for using my certificate. (Link: http://www.tcs-ca.tcs.co.in/index.jsp?link=html/chaindownload.html)
- 7. It is my responsibility to remember the passwords that are used while generating/exporting the certificates/keys.
- 8. Requirements with respect to Operating System and Internet Browser are as follows:
 - √ Operating System
 - a. Supported Versions Windows 2000/XP
 - b. Recommended Versions Windows 2000/XP
 - √ Internet Browser
 - a. Supported Versions IE 5.5 and above
 - b. Recommended Versions IE 6.0 and above

Date

Signature of the Applicant