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

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

DIGITAL SIGNATURE CERTIFICATE REQUEST FORM

NOTE:

- 58. This application form is to be filled by the applicant.
- 59. Form should be submitted in duplicate.
- 60. Please fill the form in BLOCK LETTERS.
- 4. Please Tick (✓) the appropriate option.
- 100. All subscribers are advised to read Certificate Practice Statement of CA.
- 101. Application form must be submitted through the Hon'ble High Court.
- 102. Incomplete/Inconsistent applications are liable to be rejected.
- 103. Validity period should not exceed the date of superannuation of the applicant.
- 104. Asterisk (*) marked entries should not be blank as these are reflected in the Digital Signature Certificate (DSC).

Affix Recent
Passport Size
Photograph

Type of Applicant/Subscriber

High Court Judge / Judicial Officer /
Private Secretary to Hon'ble High Court Judge

Class II

- 1. Class of Certificate Required
(see point 12 at page-4)
- 2. Certificate Required (Purpose)
(See Point 12 at page-4)

Individual (Signing)

- 3. Certificate Validity (Max. 2 Years)
- 4. Name*

Two year

(First Name) (Middle Name) (Surname)

- 5. Designation (Optional)
- 6. Email Address
- 7. a) Office Address

Telephone: _____ (Official) _____ (Residential)

- b) Residential Address

- 8. Identification Details
(One or more)

Employee Id/Code No. NA
Passport No. NA
PAN Card No. NA
Voter's ID Card No. NA
Driving License No. NA

PF No

- 9. In case the application is for a device then details of Server/Device for which the certificate is being applied for must be filled. (Details for Server Certificate)

Bank Account Details
Ration Card No. _____
Web Server NA
Services NA
IP Address NA
URL/Domain Name NA
Physical Location NA
Organization* : State Judiciary
Organization Unit* : High Court/District Court /Taluka-Tehsil-Sub-Divisional Court

- 10. The following details will be used in Certificate subject

Locality/City* _____
State* Tamil Nadu Pondicherry
Country* INDIA

Date:
Place:

.....
(Signature of the Applicant)

(For NICCA Office use only)

Smart Card/USB Token Sr. No.

Request No.
RA code :

Authorised Signatory / RAA: ()

(Name) : (.....)

Date: Remarks:

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 understand that any organization name will be part of my DSC.
5. I shall send a signed mail to NIC-CA (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.
6. I shall not use the private key before acceptance of the DSC.
7. I authorize NIC-CA to publish the certificate in the NIC-CA repository after acceptance of the DSC..
8. If the private key 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 NICCA-FRM-50037. Pdf, available under Repository>CPS & Forms>All Forms at <https://nicca.nic.in>)
9. No attempt will be made to gain unauthorized access to NIC-CA facilities.
10. 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.
11. I understand that on cessation of my employment, I shall inform NICCA and my present employer for revocation of my Digital Signature Certificate.
12. 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 NIC-CA with serial no. _____ and Class- _____. The status of this DSC is valid/Revoked/Suspended/Expired.

The information furnished above is true to the best of my knowledge and belief. I will comply with terms and conditions of the Duties of Subscriber (as in section 4-42 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.

Place:.....
Date:

(Signature of the Applicant)
Name :.....

For Head of Office or JS (Admn.) for Government Sector/Superior Authority for Banking Sector of Applicant / Company Secretary of Govt. registered Company

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 Digital Certificate from NIC-CA for the purpose specified above.

Date:.....
Place:

Name of Officer with Designation:

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

**Verification by SIO / HOD of NIC
(Only for Class-2 & Class-3 Certificate)**

(Signature of HOD/SIO, NIC)

Name:.....
Date:

Office Seal:

This form has to be forwarded to NIC-CA at the following address:

**National Informatics Centre Certifying Authority (NICCA)
National Informatics Centre
1st Floor, A-Block,
CGO Complex, Lodi Road,
New Delhi-110003,
Telephone: 24366176**