

LILA DIGITAL & ENVIRONMENTAL SOLUTIONS PVT. LTD.
1st Floor, Rani Pramila Arcade, 18th June Road,
Panaji – Goa – 403 001
Ph. No.: 0832 - 2426250 / 52, 6653250
Mobile : 9370565877, 9420768632
www.lilasolutions.com

1 Year DSC 2 Year DSC

Digital Signature Certificate Application Check List (To be filled by applicant)

Name: _____ User ID: _____

City: _____ e-Mail: _____

Company: _____

Ph / Cell No.: _____ Enrollment Request Number: _____

(For office use only)

DCFC Code No: _____

To be checked by RA Office or Digital Certificate Facilitation Center

- Correct type of application form is used.
- Recent **photograph** is affixed on the application form and **signed across**.
- Complete office **address** and residential address is given.
- Document checklist** in the form reflects the correct documents attached.
- Certificate Enrollment Form**, generated at the time of online enrolling process, is attached.
- Application **form is signed** correctly with proper dates. (Two signatures)
- Letter of Authority is complete with sign and seal of authorizing person in case of Government or Banking form.
- Inform the customer not to upgrade or reinstall internet browser or operating system before downloading digital signature.

DSC Kit Sr. No. _____

DCFC Authority: _____

LDAESPL RA Administrator: _____

Seal and Signature of DCFC Authority

Seal and Signature of LDAESPL RA Administrator

Acknowledgment / Receipt

Enrollment Request Number: _____

Received a completed application form from _____ for obtaining a Class 2 Digital Signature Certificate. The applicant will receive notification over e-mail once the digital signature certificate is created and ready for download.

Received Rs. _____ by Cash / DD / Chq No. _____ drawn on _____ Bank.

Date:

Seal and Signature of RAA / DCFC Admin

Registering Authority: LILA DIGITAL & ENVIRONMENTAL SOLUTIONS PVT. LTD. DCFC Code _____

www.lilasolutions.com



State/Union Territory

Pin

Telephone No. --
Area Code Telephone No.

Fax --
Area Code Fax No.

Web Page URL, if any

APPLICANT'S (AUTHORISED SIGNATORY) PERSONAL DETAILS: * (Mandatory)

FULL NAME *
Last Name/Surname

First Name

Middle Name

GENDER *(Tick as applicable)

Male

Female

DATE OF BIRTH (DD/MM/YYYY) * / /

CONTACT ADDRESS

Flat/Door/Block No.

Name of Premises/
Building/Village

Road/Street/Post Office

Area/Locality/Taluka
Sub-Division

Town/City/District

State/Union Territory

ANY OTHER DETAILS

Date

Signature of the Applicant

TO BE FILLED BY RA OFFICE

The above details have been verified and found to be correct.

TYPE OF DIGITAL CERTIFICATE REQUIRED:

Signing Certificate (Single Key pair) - *This can be used for signing and/or encryption*

Signature of RA Office

Name:

Date:

Seal:

3	Resolution of Company/GPA for the authorized signatory (Required)	<input type="checkbox"/>	<input type="checkbox"/>
4	<u>Applicant Verification Document for Address proof (any one attested copy required)</u> <ul style="list-style-type: none"> • Telephone bill • Electricity bill • Bank statement attested by the Bank • Pan allotment letter • Ration Card 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5	<u>Applicant Verification Document for Photo-Id proof (any one attested copy required)</u> <ul style="list-style-type: none"> • Passport • Pan Card • Driver's license • Employer Photo-Id (Only Public Limited Companies, Banks and Government Organisation) 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6	Certificate Request form (Required)	<input type="checkbox"/>	<input type="checkbox"/>
7	Certificate Enrollment form + Letter of Authority (Available for printing on completion of Online Enrollment) (Required)	<input type="checkbox"/>	<input type="checkbox"/>

Instructions

1. The certificate shall be downloaded onto the same computer / Hardware device (USB token, Smart Card etc.) by login as same computer user account from where the request was initiated.
2. After placing an online request for a certificate, the following activities **shall not** be carried out until the certificate is successfully downloaded:
 - Formatting of the computer
 - Deletion of computer user account used to logon when the request was initiated
 - Reinstallation or upgrade of the Internet browser on the computer from which the certificate request was initiated.
3. At the time of registration, a valid and active email ID that is accessed frequently shall be provided.
4. The certificate must not be shared with others or used by them on your behalf.
5. If you lose your key pair, you shall inform the RA Administrator immediately and apply for the revocation of your certificate.
6. Certificate revocation is permanent and irreversible. If your certificate is revoked, you will have to reapply for a fresh certificate. The same will be approved only after the payment of necessary applicable charges.
7. The security level in the Internet Browser should be set to 'Medium' and all scripting should be enabled.
8. If your role changes and you are no longer the authorized signatory of the organization, you must contact your RA Administrator immediately and apply for the revocation of your certificate.
9. If any information provided in your certificate changes, then you shall revoke the existing certificate and apply for a new certificate. The same will be approved only after the payment of necessary applicable charges.

Declaration

I hereby confirm that I have read and understood the above instructions and will follow the above instructions for obtaining and using the Digital Signature Certificate.

Date

Place

Signature of the Applicant

Annexure-A: Letter of Authority

I, _____, in the capacity of the _____ of _____, authorize _____, whose signature is attested below to carry out all the necessary formalities on behalf of _____ for the application of a Class-2 Digital Signature Certificate with the validity period of ____ year(s).

Signature and Designation
of Authorizing Person

Signature and Designation
of the Applicant

Signature and Designation
of the Authorizing Person

The certificate Request Form and the Document Checklist along with all the supporting documents have to be forwarded to the RA Office at the following address:

Duly mark the envelope as 'APPLICATION FOR CLASS II DIGITAL CERTIFICATE'

Contact Details

Venktesh R. Babladi
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