

**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:

1. This application form is to be filled by the applicant.
2. Please fill the form in BLOCK LETTERS.
3. Please Tick (✓) the appropriate option.
4. All subscribers are advised to read Certificate Practice Statement of CA.
5. Incomplete/Inconsistent applications are liable to be rejected.
6. Validity period should not exceed the date of superannuation of the applicant.
7. Asterisk (*) marked entries should not be left blank as these are reflected in the Digital Signature Certificate.



1. Category of Applicant	:	Government / Judiciary / PSU & Statutory Bodies / Registered Companies
2. Class of Certificate Required (see pt. 11 at page 4)	:	Class I / Class II / Class III
3. Certificate Required (Usage) (see pt. 11 at page 4)	:	Individual (Signing) / Encryption / SSL Server
4. Certificate Validity (Max. 2 Years)	:	Two years / Specify validity (if less than 2 years) _____
5. Date of superannuation* (dd/mm/yyyy)	:	_____
6. Name*	:	_____ (First Name) _____ (Middle Name) _____ (Last Name)
7. Designation	:	_____
8. Email ID* (Official email-ID preferred)	:	_____
9. Ministry/Department	:	_____
a) Office Address	:	_____
	:	_____
	:	Telephone (Official) _____ (Resi/Mobile) _____
b) Residential Address	:	_____
	:	_____
10. Identification Details (Tick any one) [Employee ID / Passport No. / PAN Card No. / Voter ID Card No. / Driving License No. / PF No. / Bank Account Details / Ration Card No.]	:	_____
	:	_____
11. Certificate Subject Details* (These will be used in Certificate subject.)	:	Organization* _____ Organization Unit* _____ City* _____ State* _____ Country* INDIA
12. SSL Certificate Details (In case the application is for a device then details of Server/Device for which the certificate is being applied for must be filled.)	:	Web Server _____ Services _____ IP Address _____ URL/Domain Name _____ Physical Location _____

Date:
Place:

.....
(Signature of the Applicant)

(For NICCA Office use only)

Smart Card/USB Token Sr. No.:
Authorised Signatory / RAA:
Name:
Date:

Request No :
RA Code :

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 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.
5. I shall not use the private key before acceptance of the DSC.
6. I authorize NIC-CA to publish the certificate in the NIC-CA repository after acceptance of the DSC.
7. If the private key of 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 CA2-50027.pdf, available under Repository>CPS & Forms>All Forms at <https://nicca.nic.in>)
8. 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.
9. I understand that on cessation of my employment, I shall inform NICCA and my present employer for revocation of my Digital Signature Certificate.
10. I certify the following: *(Tick whichever is applicable)*
 - o I have not applied for a DSC with NIC-CA earlier.
 - o I have been issued a DSC by NICCA with User ID _____ which is Valid/Revoked/Suspended/Expired.

The information furnished above is true to the best of my knowledge and belief. I will comply with the terms and conditions of Subscriber (as in section 40-42 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.

Date :
Place : (Signature of the Applicant)

Verification and Declaration by Head of Office of Applicant

1. 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 DSC from NICCA for the purpose as specified at point 3 of page-1.
2. It is noted that the organization shall inform NICCA for revocation of DSC on the cessation/superannuation of his/her employment.

Date : (Signature of Officer with stamp of Org./Office)
Place : Name of Officer with Designation:
Office Email:

Forwarded by SIO / NIC Coordinator
(Only for Class-2 & Class-3 Certificate)

(Signature of SIO /NIC Coordinator)
Name:
Date:
Office Seal:

This form is to be forwarded to the respective RA Office of NIC-CA.

Additional Declaration by the Subscriber for Encryption Certificate

I hereby declare and understand that

1. I am solely responsible for the usage of these Certificates/Tokens/ Technology. I shall not hold NICCA responsible for any data loss/damage, arising from the usage of the same.
2. I am aware that Key Escrow/Key Archiving of Encryption keys is not done by NICCA and I shall not hold NICCA responsible or approach NICCA for recovery of my private Encryption Key, in case of its loss or otherwise.
3. I shall be responsible for compliance to the relevant sections of the IT Act/Indian Telegraphic Act and other Acts/laws of the Indian legal system, pertaining to Encryption/Decryption of any message or document or electronic data, and I shall be liable for associated penal actions, for any breaches thereof.
4. NICCA shall not be held responsible and no legal proceedings shall be taken against NICCA for any loss and damage that may occur due to any reason whatsoever including technology upgradation, malfunctioning or partial functioning of the software, USB token, Smart Card or any other system component.
5. I am aware that the Encryption Certificate, issued by NICCA is valid only for the suggested usage and for the period mentioned in the certificate. I undertake not to use the Certificate for any other purpose.
6. I am conversant with PKI technology, and understand the underlying risks and obligations involved in usage of Encryption Certificate.
7. I certify the following: *(Tick whichever is applicable)*
 - o I have not applied for an Encryption Certificate with NIC-CA earlier.
 - o I have been issued an Encryption Certificate by NICCA with User ID _____ which is Valid/Revoked/Suspended/Expired.

The information furnished above is true to the best of my knowledge and belief. I will comply with the terms and conditions of Subscriber (as in section 40-42 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 Encryption Certificate, NIC-CA will not be responsible for the consequences/ liabilities and will be free to take any action including cancellation of the Encryption Certificate.

Date :
Place :

.....
(Signature of the Applicant)

Declaration by Head of Office of Applicant

I hereby authorize Mr/Ms _____ employed in this Organization, to apply for Encryption Certificate from NIC-CA. It is further certified that a Policy/Procedure is in place, which describes the complete process for Encryption Key Pair Generation, Backup Procedure, safe-keeping of Backups and associated Key Recovery Procedures. The consequences of loss of the key have been explained to the user and he/she has been advised about securing the key and making it available to relevant authorities, in case of emergency.

Date :
Place :

(Signature of Officer with stamp of Org./Office)
Name of Officer with Designation:

Office Email:

Forwarded by SIO / NIC Coordinator
(Only for Class-2 & Class-3 Certificate)

(Signature of SIO /NIC Coordinator)
Name:
Date:
Office Seal:

This form is to be forwarded to the respective RA Office of NIC-CA.

