ACRs योजना (Signing & Encryption) हेतु यूपी इलेक्ट्रॉनिक्स कारपोरेशन लिमिटेड द्वारा Sify Safe Crypt-Certifying Authority द्वारा प्रदत्त डिजिटल सिग्नेचर बनाने जाने में निम्नलिखित प्रस्तुति की आवश्यकता होती है :-

1. डिजिटल सिग्नेचर फॉर्म की छाया प्रति लिटल सचिव है। (निगम की वेबसाइट www.uplc.in पर भी उपलब्ध है)
2. डिजिटल सिग्नेचर फॉर्म पर विवरण, संपत्ति, हस्ताक्षर एवं मूर्त (Description, Attestation, Signature & Seal) नीला पेंस (Blue Ink only) से ही अकिल किया जाना अनिवार्य है, अन्य फॉर्म मिल्स कर दिया जायेगा।
3. डिजिटल सिग्नेचर फॉर्म पर Class-3, validity 2 year and Only Signing & Encryption पर ही निशुल्क मिलाये।
4. डिजिटल सिग्नेचर फॉर्म पर यथा स्थान समर्थित अधिकारी का एक फोटो स्थायित्व किया जायेगा एवं कास हस्ताक्षर, जो कि आधा फोटो एवं आधा फॉर्म पर हो, किया जाना आवश्यक है।
5. जिस नाम से आवेदन पत्र भरा जायेगा उसकी अपनी Unique email ID तथा मोबाइल नंबर (Unique Mobile Number) फॉर्म में भरने होगी जिस पर Verification के लिये Call/Message की जायेगी।
6. समस्त सहायक दस्तावेज स्थापित किये जाने के साथ--साथ विभागीय अथवा समक्ष अधिकारी द्वारा अप्रमाणित (Seal & Sign) होना चाहिए।

Applicant (After Self Attestation), all supporting documents should be attested by Authorizer (self attest i.e Seal & Sign on his Department ID Card) or any other officer.

(Use Blue Ink Only)

a. Applicant ID Proof. (आवेदक का यथिक्त पहचान पत्र - Pan Card/Smart Card
Driving Licence /Passport / Departmental ID Card
Note - Pan Card Or Adhar Card is Mandatory
b. Applicant Departmental Identity Card (आवेदक का विभागीय पहचान पत्र).
c. Office Address Proof. (आवेदक के कार्यालय के पते का प्रमाण पत्र).
d. The Department ID Card of Authorising person (आवेदक को अधिकृत करने वाले अधिकारी का विभागीय परिचय - पत्र).
7. **Applicant**'s **Name** (Pan Card or Adhar Card) must be entered here equally.

8. **Passport**, **Driver's License**, **Government ID card having signature**, **Post-Address**, **Bank Account**, and **Departmental ID card** are all acceptable forms of identification. (Section 3 Declaration)

9. **Application** shall be accompanied by a **Departmental ID card**, **telephone bill**, **electricity bill**, **water bill**, and **post-announcements** for the past 12 months. If any of these are not available, the applicant shall be required to submit a copy of the same. If any of the above details are incorrect or incomplete, the application shall be rejected.

10. **Authorization** (Seal & Sign) shall be required for all applications. (Section 4 Authorization)

11. The application must be **correctly** entered. **Validity** of the application is 1708.00 (Consumer Service Tax included). No **revisions** or **additions** will be accepted after submission. The application shall be submitted in the name of the **Limited** company. (Section 6)

12. **Digital Signature** on the application form shall not be used.
Digital Signature Certificate Subscription Form

Section 1: Subscriber Details

Name*: 

Designation: 

Date of Birth*: D D M M Y Y Y

Gender*: Male Female

Address (Residential address in case of Individual or Organization address in case of DSC with ORG)

Organisation Name* (Mandatory in case of ORG DSC)

Door No/Building Name*

Road/ Street/ Post Office*

Town/ City/ District*

State/ Union Territory*

Country*

PIN Code*

Telephone Number* (with STD Code):

Mobile Number*

Email id*

* Self Attested Photo

Section 2: Identity Proof Details

Photo Identity Proof*

Identity Proof Name
(Id: Pan Card, DL, Passport,..)

Identity Proof Number

Address Proof*

Address Proof Name
(Id: Passport, DL, Latest Telephone Bill,..)

Note*: Subscriber’s signature should appear on the Photo ID Proof.

Section 3: Declaration

I hereby declare that all the information provided in this Subscription form for the purpose of obtaining a digital certificate is true and correct to the best of my knowledge. I am aware, as a subscriber for the digital signature certificate, the duties and responsibilities which are applicable under the SafeCrypt CA CPS [https://www.safecrypt.com/pdf/cps.pdf] and also under the Section 71 of IT Act which stipulates that if anyone makes a misrepresentation or suppresses any material fact from the CCA or CA for obtaining any DSC such person shall be punishable with imprisonment up to 2 years or with fine up to one lakh rupees or with both.

Signature of the Subscriber*

Date*: D D M M Y Y Y

Place: 

Note*: Subscriber has to sign before the Authorised LRA/Partner for Class 3 DSC.

Section 4: Authorisation (only for ORG DSC)

I, __________________________ acknowledge by my signature, that the Subscriber information in this document is complete and accurate as per our office records. I fully understand that the Subscriber is responsible to transact on the Organisation’s behalf and I will ensure timely revocation of Digital Signature Certificate in case the employee leaves the company in future.

Signature & Organisation seal*

For office use only

Attestation By Sify Authorised LRA/Partner* (For Class 3 DSC Only)

I hereby declare that the subscriber has personally appeared before me and submitted the original document copies.

Signature and Seal*

Date*: D D M M Y Y Y

Name*

Note*: Safecrypt at its discretion, will make a telephone call to verify the details of the Subscriber.

SafeCrypt CA Services brought to you by:
Sify Technologies Limited, 2nd Floor, Tidel Park, #4 Rajiv Gandhi Salai, Taramani, Chennai -600 113. E-Mail: enquiries@safecrypt.com