No. E/II/161/Raksha Awaas

Date: 27/08/2020

To

1. Pay Section (Local)
2. AN-Pay (Local)
3. PAO (ORs) RRRC, Delhi Cantt
4. PAO (ORs) PBG, Delhi Cantt
5. PAO (ORs) 14 GTC, Subathu

Sub: Implementation of Project Raksha Awaas.

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In above context, it is intimated that earlier user creation form as well as Digital signature certificate forms were received from your offices but could not be processed due to technical reasons. Now the duly filled fresh forms in this regard are again required as per the present posted strength.

In this regard SOPs received from HQrs office have already been forwarded to your offices vide this office letter of even no. dated 20.11.2019. Further, the Raksha Awaas portal could be accessed only by the stake holder whose user creation form as well as digital signature certificate form would be completed.

In view of the above, a blank user creation form and a digital signature certificate (E-Mudhra) form are enclosed herewith for your necessary action and submission of duly filled forms to Main office. The duly filled forms (In hard copy as well as in soft copy) of concerned users in r/o your offices may be submitted by 31.08.2020 for further necessary action at this end.

Accord on top priority.

PCDA has seen.

Encls: (As above)

Copy to:
The O-I/C --------- With request to upload the circular on website of PCDA (WC).
IT&S (Local)

(Sahil Goyal)
Dy. CDA (E)
APPLICATION FORM - SIGNATURE / ENCRYPTION CERTIFICATE

FOR GOVERNMENT ORGANIZATION

Application ID: (S) ___________________________ (E) ___________________________

PLEASE FILL IN BLOCK LETTERS ONLY. ALL FIELDS ARE MANDATORY


APPLICANT INFORMATION

Applicant Name: ___________________________
Date of Birth: _______________ Gender: [ ] Male [ ] Female Nationality: ___________________________

Organisation Name: ___________________________
Department: ___________________________
Org Address: ___________________________

City: ___________________________ Pin code: ___________________________
State: ___________________________

PAN of Applicant: ___________________________
Mobile: ___________________________

IEC Code: ___________________________
Branch Code: ___________________________ (NO: applicable only for OT certificate)

DOCUMENT PROOF (attested by Authorized Signatory of the Organization)

Document required: [ ] Copy of Applicant's Government ID Card / Letter from Organization / Pay Slip
[ ] Authorized Signatory Organisational ID Card / Self-Attested Letter of Organisational Identity
[ ] Copy of PAN Card of Applicant, if PAN provided
[ ] Copy of Import Export Certificate (NO: mandatory only for UQ-1)

DECLARATION BY APPLICANT

I hereby agree that I have read and understood the provisions of e-Mudhra Certification Practice Statement (CPS) and the subscriber agreement and will abide by the same. The information provided in this form is true & correct to the best of my knowledge. I accept publishing my certificate information in e-Mudhra repository. I am aware of risks associated in case of Class 1 Certificate, when storing the private key on a device other than a FIPS 140-2 validated cryptographic module.

Date: ___________________________ Place: ___________________________

Signature of the applicant

AUTHORIZED

I hereby authorize this application on behalf of the organization. I hereby confirm the mobile number of Applicant given above. In case of class 3, I confirm the Physical Verification of Applicant.

Authorized Signatory (Sign and Seal)

TO BE FILLED BY RA OFFICE ONLY

I declare that the applicant has provided correct information in this application form. I have checked and verified the application form and supporting documents. I hereby take full responsibility for any wrong verification made, or wrong documents submitted for the application.

Date: ___________________________ RA Name, Code & Seal: ___________________________

Signature of RA: ___________________________

Affix recent passport size photograph of the applicant duly signed across.

CLASS: [ ] Class 1 [ ] Class 2 [ ] Class 3

TYPE: [ ] Signature [ ] Encryption [ ] Combo

VALIDITY: [ ] 1 Year [ ] 2 Years [ ] 3 Years

eMudhra Limited, 3rd Floor, Sai Arcade, 56, Outer Ring Road, Devarabettesanahalli, Opp Intel, Bangalore 560 103.
Karnataka. Phone: +91 80 4615 6902 Fax: +91 80 4227 5300. Email: info@e-Mudhra.com Website: www.e-Mudhra.com.
Annexure-A
USER CREATION FORM

1. Name of the Employee:
2. Account No/Employee No:
3. Designation:
4. Office Name:
5. Mobile No:
6. User Level (i.e. L1 or L2):

Name of the Authorizing Officer:

Designation of the Authorizing Officer:

______________________________
Signature and seal of Authorizing Officer

Authorizing Officer:
1) In Case of DAD
   For Auditors & AAO: Sr AO/AO
   For Sr AO/AO: GO
2) In Case of BSO Offices:
   GE/AGE