

①- 410315 - 4200000 :-

② ऑडिटर युक्त करदाता: इंधन विभाग, आंध्र प्रदेश, जेठ बाबुलु, चारुथोट, हायवेला, इलाहाबाद, LIC भवन,

sify safescrypt

आपने ऑडिटर के लिये डिजिटल करदाता के रूप में पत्र पर ~~लिखा~~ <sup>लिखा</sup> है।

Digital Signature Certificate Subscription Form

Class of Certificate: Class 2  Class 3   
 Type of Certificate: Individual  With Org Name   
 Signing  Encryption   
 Certificate validity: 1 Year  2 Years

Section 1: Subscriber Details

Name\*: 410315 का जेठ बाबुलु, आंध्र प्रदेश  
 Designation:   
 Date of Birth\*: 08/02/1978 Gender\*:  Male  Female <sup>एडमिन</sup>  
 Address (Residential address in case of Individual or Organization address in case of with ORG DSC):  
 Organisation Name\*: ~~आंध्र प्रदेश राज्य परिवहन निगम (एनएचआर)~~ (X)  
 Door No/Building Name\*: 3 ऑडिटर युक्त का ऑडिटर जेठ बाबुलु  
 Road/ Street/ Post Office\*: (एनएचआर)  
 Town/ City/ District\*:   
 State/ Union Territory\*:   
 Country\*: 91 PIN Code\*: 364001 <sup>आंध्र प्रदेश (एनएचआर)</sup>  
 Telephone Number\* (with STD Code):   
 Mobile Number\*: 984946 0000  
 Email id: jethabablu@apsc.gov.in

\* Self Attested Photo

↓  
 फोटो लगावली अथवा  
 पत्र पर अडवा सीरी  
 पर अथवा अडवा गारंटी  
 करी करवा।  
 फेलियेन के CD फेल गी  
 उदाहरण करवा।

Section 2: Identity Proof Details

Photo Identity Proof*	Address Proof*
Identity Proof Name (Eg: Pan Card, DL, Passport, ...) PAN CARD	Address Proof Name (Eg: Passport, DL, Latest Telephone Bill, ...) 3 ऑडिटर युक्त आंध्र प्रदेश राज्य परिवहन निगम (एनएचआर)
Identity Proof Number 410315 (एनएचआर)	

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

Section 3: Declaration

I hereby declare that all the information provided on 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 a digital signature certificate, the duties and responsibilities are applicable under the IT Act, India and the Safe Scrypt CA's CPS <https://www.safescrypt.com/pdf/cps.pdf>.

Signature of the Subscriber: (X) 410315 का जेठ बाबुलु करी करवा।  
 Date\*: 08/02/2018 Place\*: Place (एनएचआर)

Note\*: Subscriber has to sign before the Authorised LRA/Partner for Class3 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 Class3 DSC Only)  
 I hereby declare that the subscriber has personally appeared before me and submitted the original document Copies of ID proof. I have verified the same with TRUE COPY.

Signature and Seal\* \_\_\_\_\_  
 Date\*: 08/02/2018 Name\*: \_\_\_\_\_

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

SafeScrypt CA Services brought to you by:  
 Sify Technologies Limited, 2nd Floor, Tidel Park, #4, Rajiv Gandhi Salai, Taramani, Chennai - 600113. E-Mail: enquiries@safescrypt.com

Partner Name:	A.V. Sobe CAPE
Date of Issuance:	
City:	Bhannagar