

TATA CONSULTANCY SERVICES LIMITED – CERTIFYING AUTHORITY
REQUEST FORM FOR CLASS 3 CERTIFICATE
INSTRUCTIONS

Affix recent passport-size photograph of the applicant. Applicant to sign across the photograph

USER TYPE – INDIVIDUAL

Validity of DSC*		Gender*	
<input type="radio"/> 1 Year	<input type="radio"/> 2 Years	<input type="radio"/> Male	<input type="radio"/> Female
Surname^		Given Name^^	
Father/Husband's Name		Initials^	
e-mail Address *^			
Alternative e-mail Address			
Organisation details			
Name			
House Identifier			
Street Address			
City		Pin Code	
Country		State	
Telephone		Mobile	
Residential address			
House Identifier*^			
Street Address*^			
City*^		Pin Code*^	
Country*^		State*^	
Telephone*		Mobile	

DOCUMENT CHECKLIST FOR INDIVIDUAL TYPE OF CERTIFICATE

Subscriber proof of identity and residence (Any Copy ATTESTED by GAZETTED Officer / Bank Officer)

Identity and Residence			
<input type="checkbox"/> Passport	<input type="checkbox"/>	<input type="checkbox"/> Driving License	<input type="checkbox"/>
Identity			
<input type="checkbox"/> PAN Card	<input type="checkbox"/>	<input type="checkbox"/> Passport	<input type="checkbox"/>
<input type="checkbox"/> Driving License	<input type="checkbox"/>	<input type="checkbox"/> Bank A/C Passbook with Photo	<input type="checkbox"/>
<input type="checkbox"/> Photo Identity Card	<input type="checkbox"/>		
Residence			
<input type="checkbox"/> Latest Telephone Bill	<input type="checkbox"/>	<input type="checkbox"/> Latest Electricity Bill	<input type="checkbox"/>
<input type="checkbox"/> Latest Bank Statement	<input type="checkbox"/>	<input type="checkbox"/> Passport	<input type="checkbox"/>
<input type="checkbox"/> Driving License	<input type="checkbox"/>		
<input type="checkbox"/> Letter of Authority*	<input type="checkbox"/>		

Applicant Declaration	RA 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.	I hereby confirm that I have received and verified the documents submitted by the subscriber.
Date : -	Date : -
Place : - Signature of the Applicant	Place : - Signature of the Applicant

RA OFFICE NAME : TCS-CA - Registration Authority / USER ID : _____ / REQUEST NUMBER : _____

The certificate Request Form, Online Enrollment Form, Demand Draft and the supporting documents as per the document checklist have to be forwarded to the following address:

Duly mark the envelope as 'APPLICATION FOR DIGITAL CERTIFICATE'

TCS-CA - Registration Authority

Tata Consultancy Services [Certifying Authority - PKI Services] Advanced Technology Centre
deccanpark
1 - Software Units Layout Madhapur
Hyderabad -500 081