

Proof of Sufficient Authorization to act as a Signatory

[APPLICABLE TO ALL CENTRAL GOVERNMENT EMPLOYEES, STATE GOVERNMENT EMPLOYEES, EMPLOYEES OF STATUTORY BODIES, PUBLIC SECTOR UNDERTAKINGS AND OTHER GOVERNMENT ORGANIZATIONS]

To:

eMudhra Limited
Bangalore

I, Controlling / Administrative Authority / Head of Office / Head of Department (HoD) of the _____ (Organization Name), have understood the requirements of eSign/DSC enrolments under provisions of Information Technology Act, and will authorize the employees in line with these requirements. I have enclosed my ID card of Authorized signatory/identity letter issued by the organization.

Government Organization Type (Tick as applicable):

☐ Central Govt ☐ State/UT ☐ PSU ☐ Statutory / Constitutional / Regulatory Organization
☐ Judiciary / Quasi-Judicial Organization ☐ Defence Organization ☐ Other _____

My Information (Signatory):

Full Name	
Organization Name	
Position/Designation	
Organization ID Card No	
Office Address with PIN Code	
Office Tel No	
Mobile No (Optional)	
Website Reference of my information, if any	

Name: _____

Signature: _____

(Seal & Stamp)

Date: _____

Enclosed: My Organization ID card / Identity letter issued by the organization