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

(**PLEASE DO NOT USE THIS FORM FOR EMPLOYEE CERTIFICATES**)

To,

Capricorn Identity Services Pvt. Ltd. (**Capricorn CA**)   
G-5, Vikas Deep Building, Plot no. 18,

Laxmi Nagar District Center, Delhi-110092.

**Sub:** Authorization for obtaining E-KYC & Digital Signature Certificate.

| **Select** | **DSC Type** |
| --- | --- |
| ☐ | Sign |
| ☐ | Encryption |
| ☐ | Sign & Encryption |
| 1 / 2 / 3 years | Validity |

I, Controlling / Administrative Authority / Head of Office / Head of Department (HOD) of the

(Organization Name), have understood the requirements of e-Sign/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.

|  |  |
| --- | --- |
| Applicant Name |  |
| Organization Name |  |
| Position/Designation |  |
| Department Name |  |
| Organization ID Card No |  |
| Office Address |  |
| Mobile No |  |

Signature: (Seal & Stamp)

**Authorizing Person Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Designation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mobile No. :**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email ID :**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

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

**Note: All Fields are mandatory to fill.**