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  Defense Organization  Other

**My Information (Signatory):**

|  |  |
| --- | --- |
| Full Name |  |
| Organization Name |  |
| Position/Designation |  |
| Organization ID Card No |  |
| Office Address |  |
| Office Tel No |  |
| Mobile No (Optional) |  |
| Website Reference of myinformation, if any |  |

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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Signature ( Same as Identity Proof ) with Seal & Stamp. ( Put seal or stamp in right side of signature. )

Date: \_\_\_\_

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