

APPLICATION FORM - SIGNATURE / ENCRYPTION CERTIFICATE

FOR GOVERNMENT ORGANIZATION



Application ID: (S) [] [] [] [] [] [] [] [] [] [] (E) [] [] [] [] [] [] [] [] [] []

(For Office Use Only)

PLEASE FILL IN BLOCK LETTERS ONLY. ALL FIELDS ARE MANDATORY

More Instructions available at: <http://www.e-mudhra.com/instruction.html>

APPLICANT INFORMATION

Applicant Name

KANDASAMY

Date of Birth

05/04/1974

Gender ☒ Male ☐ Female

Nationality

INDIAN

Organisation Name

CONTAINER CORPORATION OF INDIA LTD

Department

COMMERCIAL & OPERATIONS

Org Address

8th FLOOR, CAO/CN OFFICE, SOUTHERN RAILWAY
EUR PERIYAR SALAI, EGMORE
CHENNAI - 600 008

City

CHENNAI

State

TAMILNADU

PAN of Applicant

AYNP/K2237L

IEC Code

[] [] [] [] [] [] [] [] [] []

Mobile

7397747032

Branch Code

[] [] []

(NOTE : applicable only for dgft certificate)

Email ID

skandasamy@concorindia.com

CLASS:

☐ Class 1 ☐ Class 2 ☐ Class 3

TYPE:

☐ Signature ☐ Encryption ☐ Combo

VALIDITY:

☐ 1 Year ☐ 2 Years ☐ 3 Years

DOCUMENT PROOF (attested by Authorized Signatory of the Organization)

Document required:

- ☒ Copy of Applicant's Government ID Card / Letter from Organization / Pay Slip
- ☒ Authorized Signatory Organisational ID Card / Self-Attested Letter of Organizational Identity
- ☐ Copy of PAN Card of Applicant, if PAN provided
- ☐ Copy of Import Export Certificat. (NOTE : Mandatory only for DGFT)

DECLARATION BY APPLICANT

I hereby agree that I have read and understood the provisions of e-Mudhra Certification Practice Statement (CPS) and the subscriber agreement and will abide by the same. The information provided in this form is true & correct to the best of my knowledge. I accept publishing my certificate information in e-Mudhra repository. I am aware of risks associated in case of Class 1 Certificate, when storing the private key on a device other than a FIPS 140-1/2 validated cryptographic module.

Date 06.01.2020

Place TUTICORIN

Signature of the applicant
(As in ID proof / Blue Ink Only)

AUTHORIZATION

I hereby authorize this application on behalf of the organization. I hereby confirm the mobile number of Applicant given above. In case of class 3, I confirm the Physical Verification of Applicant.

Authorized Signatory (Sign and Seal)

TO BE FILLED BY RA OFFICE ONLY

I declare that the applicant has provided correct information in this application form. I have checked and verified the application documents submitted for the application.

Date

[] [] [] [] [] [] [] [] [] []

RA Name, Code & Seal

Signature of RA

घर का पता / Res. Address : 54, B. Anna Nagar, 5th Street,
Tuticorin - 628 008.
दूरभाष नं. : / Phone No. :

अनुदेश / Instructions

1. यह कार्ड अहस्तान्तरणीय है। This card is non transferable.
2. इस पहचान पत्र के खो जाने पर निम्नलिखित सुनिश्चित करने में तुम्हें इसका सुचना रिपोर्ट लिखाई जाये तथा निम्न अधिकारी को सूचना दी जाये। In case of loss of this Identity Card, an FIR must be lodged with the nearest police station and intimation given to the issuing authority immediately.
3. गुम होने की स्थिति में घाते वाले से अनुरोध है कि इसे कृपया डाक द्वारा रिहलै फूड पर अक्सिल पते पर भेज दें। / In the event of its loss the finder is requested to kindly post it to the address overleaf.

इस कार्ड से खोने/पाने पर कृपया सूचित करें/लिटार
आपका पैन सेवा इकाई, एन एस डी यूएल
प्राची सड़ित, टाईम्स टॉवर, कर्नाला मिल्स कंपाउंड, एस. बी. मार्ग,
लोअर प्रिजल, मुंबई - 400 013.

If this card is lost / someone's lost card is found,
Please inform / return to:
Income Tax PAN Services Unit, NSDL,
1st Floor, Times Tower,
Karnala Mills Compound,
S.B. Marg, Lower Parel, Mumbai - 400 013.
Tel: 91-22-2499 4650, Fax: 91-22-2495 0664
Email: tnm16@nsdl.co.in

2/1000
04.01.2020

भारतीय कंटेनर निगम लिमिटेड
CONTAINER CORPORATION OF INDIA LTD.
भारत सरकार का उद्यम (A Govt. of India Undertaking)
दक्षिण-पूर्व क्षेत्र (Southern Region (Ministry of Railways))
रेलवे कार्पोरेशन 51, प्रथम मंजिल, मण्डिवर रोड, एगमूर, चेन्नई - 600 008.
Regional Office : 51, First Floor, Mandivara Road, Egmore, Chennai - 600 008.
अनुवर्ती नं. / Emp. No. 1003

नाम / Name : S. Kandasamy
पदनाम / Designation : Jr. Executive (CA&O)
कार्यालय / Office : CFS/MVN-Tuticorin
तक मध्य / Valid upto : 27/06/2018
रक्त समूह / Blood Gr. : O +ve

धारक के हस्ताक्षर
Signature of Issuing Authority

दिनांक : 27/06/2013

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

S KANDASAMY
SUBBIAH PILLAI

05/04/1974
Permanent Account Number
AYNPK2237L

09/02/2008

CONTAINER CORPORATION OF INDIA LTD.
(A Govt. of India Undertaking)
Sipcot Area, Madurai Bypass Road,
Mylavittan Post, Tuticorin-628 002
0461 2340116, 2340117

CONTAINER CORPORATION OF INDIA LTD.
(A Govt. of India Undertaking)
Sipcot Area, Madurai Bypass Road,
Milavittan Post, Tuticorin-628 002
Phone: 0461/2340116, 2340117

कार्डधारक / Emp. No. 2181

नाम / Name: **R. SEKAR**
पदनाम / Design: **Asst. Manager (C & O)**
कार्यालय / Office: **RDT / CHTS**
वैधता / Valid upto: **13-09-2020**
रक्त समूह / Blood Gr.: **A1+ve**

धारक की हस्ताक्षर
Holder's Signature

नियंत्रण अधिकारी की हस्ताक्षर
Signature of Issuing Authority

दिनांक / Date: 01.10.2015

Becken



घर का पता / Res. Address : 13/3-N (Pt), Lakshmi Nagar, Ponnampalayam,
Bharathiyar University Post, Coimbatore - 641103.
दूरध्वनि / Phone No. : 9955804530

अवधि / Instructions

1. यह कार्ड अहस्तांतरणीय है। This card is not transferable.
2. इस पहचान पत्र के खो जाने पर निकटतम पुलिस स्टेशन में तुरन्त प्रमाण सुधर्मा रिपोर्ट लिखा जाये तथा निम्न अधिकारी को सूचित कर शीघ्र सुविधा प्राप्त की जाये। In case loss of the identity card, it must be lodged with the nearest police station and intimated to the issuing authority immediately.
3. गुप्त होने की रिपोर्ट में पाये जाने से अनुरोध है। कि इसे कृपया डाक द्वारा पुलिस स्टेशन पर भेजें। In the event of its loss the finder is requested to kindly post it to the address overleaf.