

Annexure-1: ASP Request Form

Organization Name _____

Category of Organization (Tick the most appropriate one)

- Central Government
- State Government
- Academia
- R&D Organization
- Company
- NGO / Charitable Institution
- Others (Specify) _____

Substantially Funded by

- Government
- Private

Address _____

The Project/Product details where e-Sign service shall be used and how it shall be beneficial to the organization.

Total expected daily signatures _____

Management Point of Contact

Nodal Person Name: _____

Email-ID: _____

Mobile No.: _____

Telephone No.: _____

FAX: _____

Technical Point of Contact

Nodal Person Name: _____

Email-ID: _____

Mobile No.: _____

Telephone No.: _____

FAX: _____

Submitted By (from ASP Organization)

Signature: _____

Name: _____

Designation: _____

Organization: _____

Date: _____

To be filled by C-DAC

Test ASP-ID: _____

ASP-ID: _____

Processed by: _____

Signature: _____

Name: _____

Designation: _____

Date: _____