## **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]

| То:                             |   |
|---------------------------------|---|
| eMudhra Limited                 |   |
| Bangalore                       |   |
| I, Controlling / Administration | ive Authority / Head of Office / Head of Department (HoD) of the  (Organization |
| Name), have understood the      | e requirements of eSign/DSC enrolments under provisions of Information          |
| Technology Act, and will au     | thorize the employees in line with these requirements. I have enclosed          |
| my ID card of Authorized sig    | natory/identity letter issued by the organization.                              |
| Government Organization T       | ype (Tick as applicable):   |
| ☐ Central Govt ☐ State/U        | T PSU Statutory / Constitutional / Regulatory Organization                      |
| Udiciary / Quasi-Judicial       | Organization Defence Organization Other   |
|                                 |   |
| My Information (Signatory):     |   |
| Full Name                       |   |
| Organization Name               |   |
| Position/Designation            |   |
| Organization ID Card No         |   |
| Office Address with Pin<br>Code |   |
| PAN Number                      |   |
| Mobile No                       |   |
| Email ID                        |   |
|                                 |   |
| Signature:                      |   |
| (Seal & Stamp)                  |   |
| Date:                           |   |

Enclosed: 1) Copy of PAN, 2) Photo, 3) Organization ID Card