

Annexure-1: ASP Request Form

Organization Name _____

Category of Organization (Tick the most appropriate one)

- | | |
|---|---|
| <input type="checkbox"/> Central Government | <input type="checkbox"/> State Government |
| <input type="checkbox"/> Academia | <input type="checkbox"/> R&D Organization |
| <input type="checkbox"/> Company | <input type="checkbox"/> NGO / Charitable Institution |
| <input type="checkbox"/> Others (Specify) _____ | |

Substantially Funded by

- | | |
|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Government | <input type="checkbox"/> 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 _____

Commercials for C-DAC's eSign service

We (ASP) hereby accept the commercials/Quotation/Proposal/Tender submitted by you and we would like to go for the Option selected below:

S.No.	eSign Charges	Price	Validity	Option Chosen ✓
1.	Option-I Non-Commercial use (Method - Post Paid)			
	Refundable Security Deposit ₹ 1.0 Lac	₹ 2/- @ Signature	ASP-ESP Agreement	
2.	Option-II Commercial use (Method - Post Paid)			
	Refundable Security Deposit ₹ 1.0 Lac	₹ 5/- @ Signature	ASP-ESP Agreement	

*The commercial's terms and conditions will be as per the quotation submitted by C-DAC.

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 /Fax No.: _____

Submitted By (from ASP Organization)

Signature : _____

Title/Name: _____

Designation: _____

Organization: _____

Date: _____

Seal /Stamp: _____

To be filled by C-DAC

Test ASP ID : _____

ASP ID: _____

Processed By: _____

Signature : _____

Name : _____

Designation : _____

Date : _____