

Digital Signature Certificate Subscription Form

Class of Certificate: Class 2 Individual Signing 1 Year Request Id: 11173941
 Class 3 With Org Name Encryption 2 Years

Section 1: Subscriber Details

Name*: VANDANA PURI
 Designation: CHIEF OFFICE CUPDT
 Date of Birth*: 27 12 1968 Gender*: Male Female
 Organisation Name*: DIESEL LOCO MODERN
 ISATION WORKS
 Door No/Building Name*: Indian Railway
 Road/ Street/ Post Office*:
 Town/ City/ District*: PATIALA
 State/ Union Territory*: PUNJAB
 Country*: PIN Code*: 140003
 Telephone Number* (with STD Code): 97780000
 Mobile Number*:
 Email id*: vandana

* Self Attested Photo



Section 2: Identity Proof Details

Photo Identity Proof*	Address Proof*
Identity Proof Name Pan Card/ID Card(DMW)	Address Proof Name DMW Identity Card, Aadhar Card.
Identity Proof Number 4334 (ID Card)	

Note*: Subscriber's signature should appear on the Photo ID Proof.

Section 3: Declaration

I hereby declare that all the information provided in this Subscription form for the purpose of obtaining a digital certificate is true and correct to the best of my knowledge. I am aware, as a subscriber for the digital signature certificate, the duties and responsibilities which are applicable under the SafeScript CA CPS (https://www.safescrypt.com/pdf/cps.pdf) and also under the Section 71 of IT Act which stipulates that if anyone makes a misrepresentation or suppresses any material fact from the CCA or CA for obtaining any DSC such person shall be punishable with imprisonment up to 2 years or with fine up to one lakh rupees or with both.

Signature of the Subscriber*: *[Signature]*
 Date*: 07 12 2019 Place*: PATIALA

Note*: Subscriber has to sign before the Authorised LRA/Partner for Class3 DSC.

Section 4: Authorisation (only for ORG DSC)

I, MITAR ISHWAR VERMA acknowledge by my signature, that the Subscriber information in this document is complete and accurate as per our office records. I fully understand that the Subscriber is responsible to transact on the Organisation's behalf and I will ensure timely revocation of Digital Signature Certificate in case the employee leaves the company in future.

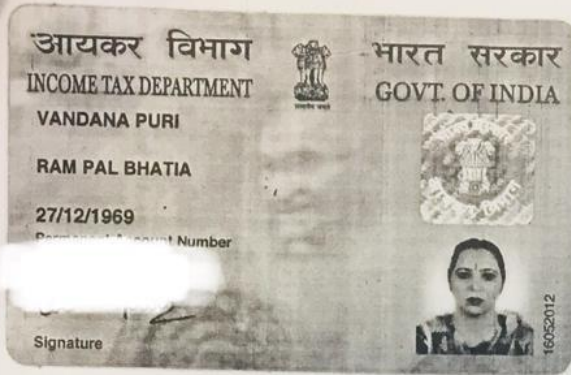
Signature & Organisation seal*: *[Signature]*
02/12/2019
मिटर इश्वर अ. वर्मा

For office use only

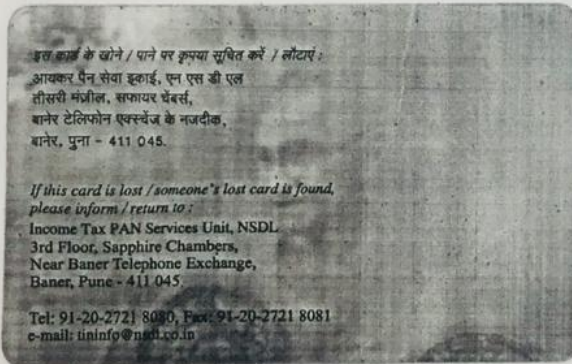
Attestation: By Sify Authorised LRA/Partner* (For Class3DSC Only)
 I hereby declare that the subscriber has personally appeared before me and submitted the original document copies.

Signature and Seal*:
 Date*: 13 01 2020 Name*:
 Note*: Safescrypt at its discretion, will make a telephone call to verify the details of the Subscriber.

Partner Name: PATIALA
 Sify RA:
 Date of Issuance:



Self Attested
dtd 21/11/19
By DSC, whose
used further.



Attested

Pratibha Sharma
25-11-2019

सहायक कार्मिक अधिकारी
Asstt. Personnel Officer,
डी.ओ.ए. पटियाला
D.M.W. PATIALA



भारत सरकार
GOVERNMENT OF INDIA


ਵੰਦਨਾ ਪੂਰੀ
 Vandana Puri
 ਜਨਮ ਦਾ ਸਾਲ / Year of Birth : 1969
 ਇਸਤਰੀ / Female





ਆਧਾਰ - ਆਮ ਆਦਮੀ ਦਾ ਅਧਿਕਾਰ


Self Attested
ਦਸਤਾਵੇਜ਼
25/11/19
for DSC, not to be used
further.



भारतीय विज्ञापन पट्टा ਅਥਾਰਿਟੀ
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

ਪਤਾ: _____
 Address: _____

 1947
 1800 180 1947

 help@uidai.gov.in

 www.uidai.gov.in

 P.O. Box No.1947,
 Bengaluru-560 001

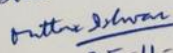
Attested
Gurpreet Singh
25-11-2019
 ਸਹਾਇਕ ਕਾਰਮਿਕ ਅਧਿਕਾਰੀ
 Asstt. Personnel Officer,
 ਡੀ-ਆਫਿਸ ਚਟਿਆਲਾ
G.M.W. PATIALA

		भारत सरकार रेल मंत्रालय डी.एम.इन्फ्रस्ट्रक्चर, पटियाला	Govt. Of India Ministry of Railways DMW/Patiala
	परिचय पत्र संख्या I/ Card No.	कर्मचारी संख्या Emp. No.	
	नाम Name	Vandana Puri	
	पद Designation	Chief Office Supdt.	
	विभाग Deptt.	Personnel	
		जारीकर्ता अधिकारी के हस्ताक्षर Sign. of Issuing Authority	
कर्मचारी के हस्ताक्षर Sign. of Employee	निर्गम वर्ष Year of Issue	2015	

Self Attested
 of (M.O)
 23/11/19
 For DSC, not to be
 used further

निवास स्थान/ Residential Address	<input type="text"/>
दूरभाष कार्यालय Tel. No. Office	<input type="text"/>
रक्त समूह Blood Group	B+
पहचान चिह्न Identification Mark	Scar above right eyebrow
अनुदेश/Instructions	
1. स्थानांतरण या सेवानिवृत्ति होने पर इसे लौटाना ज़रूरी है। Return on transfer/retirement.	
2. इस पहचान पत्र के खो जाने पर कार्यालय तथा सीमावर्ती पुलिस स्टेशन को तत्काल रिपोर्ट की जाये। In case of loss, report to the office and P.S. Immediately.	
3. इस के खो जाने पर नये पहचान पत्र का मूल्य धारक को देना होगा। In case of loss of I/ Card, Holder will bear the cost of New I/ Card.	

Attested


 25-11-2019
 सहायक कार्मिक अधिकारी
 Asstt. Personnel Officer,
 डी.एम.इन्फ्रस्ट्रक्चर पटियाला
 D.M.W., PATIALA



भारत सरकार
रेल मंत्रालय
डी.एम.इन्फ्रस्ट्रक्चर, पटियाला

Govt. Of India
Ministry of Railways
DMW/Patiala

Gazetted Officer



परिचय पत्र संख्या
I/Card No.

रजिस्ट्रार संख्या
Emp. No.

नाम
Name **Mittar Ishwar Verma**

पद
Designation **Asstt. Personnel Officer**

विभाग
Deptt. **Personnel**

जारीकर्ता प्राधिकारी के हस्ताक्षर
Sign of Issuing Authority

कर्मचारी के हस्ताक्षर
Sign of Employee

निर्गमन वर्ष
Year of Issue **2019**

[Signature]
P. C. A. D. R.

निवास स्थान
Residential Address

दूरभाष संख्या
Tel. No. Office

रक्त समूह
Blood Group
पहचान चिह्न
Identification Mark

Bend on middle finger

अनुदेश/Instructions

1. स्थानांतरण या सेवानिवृत्ति होने पर इसे लीटवा जाये।
Return on transfer/retirement.
2. इस पहचान पत्र के खो जाने पर कार्यालय तथा सीमावर्ती पुलिस स्टेशन को तत्पक्ष रिपोर्ट की जाये।
In case of loss, report to the office and P.S. Immediately.
3. इस के खो जाने पर नये पहचान पत्र का मूल्य बरक ही देना होगा।
In case of loss of I/Card, Holder will bear the cost of New I/ Card.

Self attested

Mittar Ishwar
25/11-2019
सहायक कार्मिक अधिकारी
Asstt. Personnel Officer,
डी.एम.इन्फ्रस्ट्रक्चर पटियाला
D.M.W., PATIALA

डी.एम.इन्फ्रस्ट्रक्चर
D.M.W.