Proof of Sufficient Authorization to act as a Signatory

To whomsoever it may concern (Certifying Authority as per CCA)

I, Controlling / Administrative Authority / Head of Office / Head of Department (HoD) of ……..(Organization Name), have understood the requirements of eSign/DSC enrolments under provisions of Information Technology Act, and will authorize the employees in line with these requirements. I have enclosed my ID card of Authorized signatory/identity letter issued by the organization.

Government Organization Type (Tick as applicable)**:**

☐ Central Govt ☐ State/UT ☐ PSU ☐ Statutory / Constitutional / Regulatory Organization

☐ Judiciary / Quasi-Judicial Organization ☐ Defence Organization ☐ Other _____

My Information (Signatory) :

Full Name	
Organization Name	
Position/Designation	
Organization ID Card No	
Office Address	
Office Tel No	
Mobile No (Optional)	
Website Reference (if any) or Email ID	

Signature: _____

Name:
Designation:
(Seal & Stamp)