

# 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.**

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**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: \_\_\_\_\_

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**To be filled by C-DAC**

Test ASP-ID: \_\_\_\_\_

ASP-ID: \_\_\_\_\_

Processed by: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Date: \_\_\_\_\_