APPLICATION FOR
REGISTRATION AUTHORITY / REGISTRATION AUTHORITY ASSOCIATE

emudhra
Trust Delivered

I hereby apply to become a Registration Authority (RA) / Registration Authority Associate (RAA) with eMudhra Limited.

CONTACT INFORMATION

Name

Date of Birth D D M M Y Y Y Y   **Gender:** ☐ Male ☐ Female

Organisation Name (optional)

Address

Affix recent passport size photograph of the applicant **duly signed across**

City   **Pincode**

State

Telephone   **Mobile**

PAN   **AADHAAR**

Email ID

DOCUMENT PROOF (Self Attested)

ID Proof : (Mandatory)

☐ Govt issued Photo ID Proof Containing Signature (PAN / Driving Licence / etc...)

Address Proof : (Mandatory)

☐ Govt issued Address Proof (Passport / Driving Licence / etc...)

In Case Of Organisation :

☐ Organisation PAN Card / Bank Statement / Registration Certificate

MAIN RA INFORMATION

To be filled only in case of Registartion Authority Associate (RAA) Application Form

Main RA ID

Main RA Name

DECLARATION

I hereby confirm that the above information is correct and I request eMudhra Limited to consider this Application.

Date

Place

Signature (With Seal)