

## Registration Authority Application Form

ATTENTION : Dr. Subrata Chattopadhyay

### Personal Information

Title:  Mr.  Miss.  Mrs.  Other \_\_\_\_\_ Gender:  Male  Female

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Photo ID card: \_\_\_\_\_ Position: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

I understand and agree to the [Responsibilities of IGCA Registration Authority](#)

Subscriber Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ (DD/MM/YYYY)

\* Please fax/mail(scanned copy) the following archive to IGCA manager +91-80-2524 7724

- \* RA Application form
- \* Photo ID Card

### IGCA's Officer ONLY

#### IGCA Registration Authority Section

Approve  Reject

Identification Document:  Photo ID card

Comment: \_\_\_\_\_  
\_\_\_\_\_

IGCA Manager Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ (DD/MM/YYYY)

\*\*Note: Photo ID card - ((Passport, PAN card, Work ID or Driver's License)

### Contact Information

IGCA Garuda Grid Operation Centers Certificate Authority,  
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Contact IGCA Manager : igca@cdac.in