

New User Application Form

ATTENTION: Dr. Subrata Chattopadhyay

Personal Information

Title: Mr. Miss. Mrs. Other _____ Gender: Male Female

Full Name: _____

Photo ID card no: _____ Position: _____

Organization: _____

Address: _____

Telephone: _____ Mobile: _____ Fax: _____

Email: _____

SERIAL No. _____ (**'Serial no.'** from Online Registration Form)

Subscriber Signature: _____ Date: ____/____/____ (DD/MM/YYYY)

Registration Authority Section *(To be filled by RA)*

Approve Reject

Identification Document: Photo ID card

Comment: _____

RA Name: _____

RA Organization: _____

RA Signature: _____ Date: ____/____/____ (DD/MM/YYYY)

CAO Section: Result Certificate

Issue Complete

Reject

CAO 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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Old Madras Road, Byappanahally, Bangalore – 560 038, INDIA.
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Contact IGCA Manager : igca@cdac.in