

Contact Details for Gateway Service Provider Focal Point (In case of Issues)

i) Name of Person:	<input type="text"/>	ii) Designation:	<input type="text"/>
iii) Phone No:	<input type="text"/>	iv) Mobile No:	<input type="text"/>
v) E-mail ID:	<input type="text"/>	vi) Signature:	<input type="text"/>
vii) Organization:	<input type="text"/>		

Verification by Authorized Signatory

(To be filled by Verifying Authority)

1. This is to certify that Mr. /Ms _____ has provided correct information in the Application form for Enrollment/De-Enrollment (Cross which is not applicable) of Gateway Service Provider with NSD to the best of my knowledge and belief. I have verified the details mentioned in the Gateway Service Provider details section of application form. I hereby authorize him/her on behalf of my organization to Enroll / De-Enroll (Cross which is not applicable) the Gateway Service Provider details with NSD. I also assure that no attempt will be made to gain unauthorized access to NSD facilities. I am fully aware that if information provided in this application form is incorrect, the above request will not be granted.

i) Name:	<input type="text"/>	ii) Designation:	<input type="text"/>
iii) Email-Id:	<input type="text"/>	Date:	<input type="text"/>
iii) Phone No.:	<input type="text"/>	Place:	<input type="text"/>
Organization:	<input type="text"/>		

Signature with Seal

INSTRUCTIONS FOR FILLING FORM
(Form for Gateway Service Provider Enrollment / De-Enrollment)

Sr. No	Detail Instructions
	<p>Note :</p> <ol style="list-style-type: none"> 1. The Gateway Service Provider Enrollment/ De-enrollment form aims at capturing the relevant information required for registering a Gateway Service Provider with the National Service Directory. 2. This Instruction Sheet will guide the Gateway Service Provider in filling the attached form by providing a brief description of each field given in the form. Please refer the following instructions before filling the form. In case of any issues, please contact the help line number nsdg@cdacmumbai.in.
Gateway Service Provider Details	
i.	<p>Registration Type will be used by the Gateway Service Provider for instructing National Service Directory (NSD) for the Enrollment/De-Enrollment of the Gateway Service Provider details. Please select only one check box.</p>
ii.	<p>Gateway ID is the unique ID allotted by National Service Directory (NSD) to the Gateway Service Provider after approval of the Gateway Service Provider Enrollment request. It is a system generated ID which uniquely identifies the Gateway Service Provider.</p> <p>In case the Registration Type is De-enrollment, it is mandatory for the Gateway Service Provider to provide their Gateway- ID supplied by the NSD at the time of Gateway Service Provider Enrollment.</p> <p>Ex - 12345678901234567890123456789012345 could be Gateway ID provided to the Gateway Service Provider after approval of his/her Gateway Service Provider Enrollment request.</p>
iii.	<p>Organization Name - The Gateway Service Provider should provide their name in this field.</p> <p>Allowed Characters - [0-9,A-Z, a-z] [_ . -] minimum 2 and maximum 50 characters</p>
iv.	<p>Description - The Gateway Service Provider should provide a brief overview of their business and the types of services offered through their gateway in this field.</p> <p>Allowed Characters - [A-Z, a-z] [, . ()] minimum 2 and maximum 512 characters</p>
v.	<p>Subject Common Name – Subject common Name is related to Digital Certificate for Gateway Service Provider which will be used by NSD to authenticate Gateway Service Provider after enrollment when Gateway Service Provide will start using the service of NSD.</p>
vi	<p>Contact Person - The Gateway Service Provider should provide name of the person to be contacted for any / all queries.</p> <p>Allowed Characters – [A-Z , a-z]</p>

v.	The Address, City, State, Pin Code, Phone No and Email-Address – The Gateway Service Provider should fill in accurate details under the respective field names. All fields are mandatory.
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Contact Details for Gateway Service Provider	
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This section will contain the details of the person to be contacted in case of any discrepancy in the details provided by the Gateway Service Provider. This person will be the focal point for handling queries related to the details provided by the Gateway Service Provider.

All details requested in this section are mandatory.

Verification by Authorized Signatory	
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This section contains the details of the person authorized to actually give approval/consent for Enrollment / De-Enrollment of the Gateway Service Provider with the National Service Directory. He/She will review the registration details provided and will give approval for request based upon the information provided.

All details requested in this section are mandatory.

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