**Application for Biometric Device Certification under Regulation 8(1) of Aadhaar (Authentication) Regulations, 2016**

|  |  |  |
| --- | --- | --- |
| **Organization Details** | | |
| Name of the Device Provider |  | |
| Registered Office address |  | |
| Correspondence address |  | |
| Management Point of Contact |  | |
| Technical Point of Contact |  | |
| Webpage link,  e-mail address,  Helpdesk number |  | |
| Details of Service Centers in India |  | |
| Name and address of OEM |  | |
| **Device Details** | | |
| Device Make and Model | |  |
| Type of device (Fingerprint/Iris) | |  |
| Details of device | |  |
| End of Service date  *(End of Service date would mean the date by which the device provider will provide technical support to the purchasers)* | |  |
| **STQC Certification details** | | |
| Type of Registered Device (Level 0 / Level 1) | |  |
| Certified for Operating Systems | |  |
| STQC Certification number | |  |
| Date of issue of STQC certification | |  |
| Certification is valid up to (date) | |  |

**Undertaking**

This Undertaking is executed by ( Device provider name ), a <nature of constitution of the biometric authentication device provider>, having its registered office/principal place of business at <insert the registered office or principal place of business> duly represented by its authorized representative <insert the name of the authorized signatory>

By this writing, the undersigned on behalf of …………….………affirms, declares and undertakes the following:

1. That ( Device provider name ) is desirous to receive UIDAI certification for its biometric device as specified in the application enclosed herewith.
2. That ( Device provider name ) hereby declares that it is fully aware and understands the provisions of The Aadhaar (Targeted Delivery of Financial And Other Subsidies, Benefits and Services) Act, 2016 (“Aadhaar Act, 2016) and its Regulations made thereunder and undertakes that it shall at all times abide by the same.
3. That ( Device provider name ) is also fully aware that it shall be liable for penal provisions, as applicable for any contravention of the Aadhaar Act 2016 and any regulations made thereunder.
4. That ( Device provider name ), after the receipt of UIDAI certification, shall implement all changes in all biometric devices or its software which may be required by UIDAI from time to time for the purposes of security, improving the performance parameters etc. as per device specifications issued by UIDAI from time to time till the End of Service date.
5. That ( Device provider name ) undertakes to provide support to the entity to which it has supplied the biometric devices and shall keep the device certification and authorization/approval from UIDAI valid for all the biometric device models in use for Aadhaar Authentication till declared End of Service (EOS) date for the device. Provided that in case, the ( Device provider name ) are not able to obtain the certification and approval from UIDAI for the updated specifications, the ( Device provider name ) undertakes to replace such biometric devices with the new UIDAI certified biometric devices at no additional cost to the purchaser, for the sale concluded on or after 15th March 2017.
6. That ( Device provider name ) is fully aware that it shall be liable to an appropriate amount which shall be mutually decided between us and AUA /KUA, in case:

* it is discovered that the device provider private key has been compromised due to incorrect or buggy implementation or due to negligence on the part of management server setup and administration.
* it is discovered that the device key has been compromised due to a defect or backdoor or lack of proper security implementation within the Registered Device(RD) service.
* it is discovered that the biometric replay/injection is possible within RD service due to a defect or a backdoor or lack of proper implementation of RD service.

UIDAI shall have no role and / or liability in any condition.

1. That the ( Device provider name ) understands and agrees that the UIDAI shall have the right to audit the biometric device provider manufacturing facility and continuously monitor and audit the performance and security of all devices in production. Based on this monitoring / audit, UIDAI may decide to temporarily suspend any individual device model from the ecosystem. In the event of temporary suspension, the ( Device provider name ) undertakes to resolve the identified issue within time period as specified by UIDAI, failing which the UIDAI certification of device model may be permanently revoked for which the ( Device provider name ) undertakes to replace all such devices in use in field with UIDAI certified devices at its own cost. The inspection/audit report will remain confidential between UIDAI and the device provider.
2. That the ( Device provider name )affirms and declares that the information filled up in the application form and that this undertaking was placed before the board of directors / partners of the ( Device provider name ) in its meeting dated \_\_\_\_\_\_\_\_\_ and has been read over and verified to be true and correct.
3. That no particulars have been concealed and upon verification of the application, the board / partners have approved the same for submission at the hands of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Any change in the name, contact details, addresses etc. as filled up in this application form shall also be immediately conveyed to UIDAI.
4. That the board resolution / minutes of the meeting dated \_\_\_\_\_\_\_\_\_ approving the application form and authorizing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to submit the same is/are being annexed herewith as Document No. 1.
5. That the application form being duly filled up and all its particulars being verified by all the directors / partners each one of them shall be jointly and severally liable for any discrepancy in the information supplied herein above and as may be found by the authority.

This undertaking is being executed on this ……………….day of ……………..2017 at ………………..

(Authorized signatory)

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

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

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

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

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