

**CODIFICATION SOFTWARE-USER REGISTRATION FORM (U-1B)**  
**FOR CODIFIER OF PRIVATE SECTOR ORGANISATION**  
**(PART-I)**

Name of Private Sector Organisation/Entity Name		
NCAGE Code		
Address of Organisation		
Contact Details of Organisation	Phone:	E-mail ID:
Entity Name		
Name of the Equipment to be codified		
Contracting Service/AHSP, Contract No.		
No. of items to be codified		
Appx. Period	From :	To :

First Name of Individual		
Surname of Individual		
Employee ID No. (Please attach copy)		
Government Issued ID Card No. (Please attach copy)		
Designation/Rank		
Qualification		
No. of years experienced in Organisation		
Contact Details	Phone/Fax:	E-mail ID:

It is understood that the above UID to be issued to me only for restricted use, to codify above mentioned items. No data/information available in software to be downloaded stored (or) shared to other person/Organisation by me. I will undertake the codification of Items, as approved by DoS.

**(Signature of Individual)**

**(Recommendation of Authorised Signatory of Private Sector Organisation)**

It is certified that Sh. \_\_\_\_\_ is reputed employee of our Organisation. The UID to be issued to be utilized for codification of above items. No data/information available in software to be downloaded. Stored (or) shared by our Organisation. Our Organisation will take codification task as approved by DoS.

**Signature-  
Name-**

**(Recommendation of SHQ/AHSP)**

Name of the equipment to be codified	
Contract No.	
No. of items to be codified	
Duration	
Name of the Officer to be assigned Verifier Role (Existing NCORE-NG Codifier)	

**(Signature of Controlling Officer (AHSP) with stamp)**

**(Recommendations of OIC, DSC/DSD)**

**(Signature of OIC, DSC/DSD)**

**FOR CACOSA USE**  
**(PART-II)**

User ID Allotted	
First Login Password	
Grid Card SI No.	
Function Role	Private Codifier
Type of License	α-License
Period	From : To :

**(Signature of OIC, CACOSA)**

**Encl:** Copy of User Employee ID Card  
Copy of User Government issued ID Card

**Approval by Joint Director**

**(Signature of JD (C&C))**

**NOTE:** USER ID/Password request will be approved only after Codifier has undergone training. To be certified by AHSP.