

LEARN Identity Federation
APPLICATION FORM – Service Provider

(All the fields below are compulsory, incomplete forms will not be considered)

Name of the Institute/Organization:

Physical Address:

Name of the Service:

Description of the Service:

SP FQDN:

Technical Person's Name:

Technical Person's Designation:

Technical Person's Contact Number (Mobile):

Technical Person's Contact Number (Office):

Technical Person's Email:

Declaration

I hereby confirm that I have read and agree the terms and conditions given in the LEARN Identity Federation policy document.

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BoD Member/Head of Institution/ Organization