

# LEARN Identity Federation

## APPLICATION FORM – Identity Provider

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

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Name of the Institute: .....

Address of the Location (Connection) : .....  
*(Applicable only for the institutes having multiple LEARN connections)*

IDP URI: .....  
*( eg: <https://idp.inst.ac.lk/idp/shibboleth>)*

Technical Person's Name: .....

Technical Person's Designation: .....

Technical Person's Contact Number (Mobile): .....

Technical Person's Contact Number (Office): .....

Technical Person's Email: .....

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### 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