

LEARN Identity Federation

APPLICATION FORM – Identity Provider

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

Name of the Institute:

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

IDP realm's name:
(eg: inst.ac.lk)

IDP 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