



**Information and Library Network (INFLIBNET) Centre, Gandhinagar
INFLIBNET Access Management Federation (INFED)**

Membership Application

Name of the University / Institution / Service Provider: _____

Complete Address: _____

Telephone:

Fax:

Mobile:

E-Mail:

WebSite:

On behalf of the _____, I am applying for the membership of the INFLIBNET Access Management Federation (INFED). I confirm that my organization agrees to abide by the INFED's Rules of Membership as soon as we are accepted as its member.

We are pleased to designate the following persons as our Administrative and Technical Contacts for INFED. These persons are fully authorized by our organization to make requests to the INFED for registering new users into our Identity Database or for registering Identity Provider Services at our organization.

Administrative Contact

Name:

Address:

E-Mail:

Tele:

Fax:

Mobile:

Technical Contact

Name:

Address:

E-Mail:

Tele:

Fax:

Mobile:

(Signature)

Name of the Authorized

Signatory: Designation:

Postal Address:

Email address:

Telephone Numbers:

Mobile:

Official stamp:

Date:

Place: