



AzScienceNet Identity

Federation

Application Form

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Organization information

Type of organization:

Identity Provider

Service Provider

Organization name:

Organization postal address:

Web site address:

Administrative contact person for the agreement:

Full name:

E-Mail:

Phone:

Technical contact person:

Full Name

E-Mail:

Phone:

Acknowledgment

I have read and understand the POLICIES for AzScienceNet Federation and. And agree to be bound by the Terms of Service and Privacy Policy.

I Agree

Date of signing

Signature
