Membership Application Form

1. Name: (in-full; underline surname) Prof./ Dr./ Mr./ Mrs./ Miss/
   ...............................................................................................................................................................
   Name: (with initials)
   ...............................................................................................................................................................

2. Contact details
   (a) Official address:
   ...............................................................................................................................................................
   ...............................................................................................................................................................
   ............................................................................................................................................................................
   Telephone: ........................................
   (b) Residential address:
   ................................................................................................................................................................
   ................................................................................................................................................................
   ................................................................................................................................................................
   Telephone: ........................................

***Please indicate to which address your letters should be sent: (a) Official or (b) Residential?

(d) E-mail address: ........................................................................................................................................

3. Personal Details:
   (a) Gender: Male/ Female
   (b) Date of birth ......................
   (c) Citizenship ......................
4. **Education**

(a) **First Degree**

(Please attach a copy of the degree certificate(s), certified by the Head of the Department/Institution)

<table>
<thead>
<tr>
<th>University</th>
<th>Degree</th>
<th>Period of study</th>
<th>Subjects</th>
<th>Class</th>
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</thead>
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</table>

**If still an undergraduate, please state**

University:..................................................................................................................................

Subjects:..................................................................................................................................

Expected year of graduation:.........................

Certification by the Head of Department/Institution about the applicant’s student status:

*I certify that the above named is currently a student of this University/Institution.*

.................................................................

Signature of the Head of Department

(b) **Post-graduate degree(s) and/or diploma(s):**

(Please attach certified copies of relevant degree/diploma certificates)

<table>
<thead>
<tr>
<th>Postgraduate Degree/ Diploma</th>
<th>University/ Institute</th>
<th>Period of study</th>
<th>Field of Specialization</th>
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<tbody>
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5. **Professional Experience**: (Attach separate sheet if necessary)

(a) **Current Employment:**

<table>
<thead>
<tr>
<th>Position</th>
<th>From:</th>
<th>To:</th>
<th>Employer</th>
<th>Responsibilities and duties</th>
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</table>

(b) **Past Employment(s):**

<table>
<thead>
<tr>
<th>Position</th>
<th>From:</th>
<th>To:</th>
<th>Employer</th>
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6. **Membership in other Professional Associations/ Societies etc.**

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7. **Any other relevant experience:**

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8. **Are you already a Associate/ Licentiate/ Affiliate/ Student Member of the Institute of Biology, Sri Lanka? If so, please indicate the category and your roll number (if known).**

............................................................................................................................................................
9. **Referees** (Must be Life Members of the IOB)

   *We propose that the above applicant be admitted to the IOB membership.*

   **Proposed by**
   
   Name ........................................

   Address ........................................

   ........................................

   Signature ........................................

   **Seconded by**

   ........................................

   ........................................

   ........................................

   ........................................

   ........................................

10. **Certification** (To be signed by all applicants)

   “I certify that the information given in this application form and in any attachment is correct to the best of my knowledge and belief, and that I will abide by the decision of the Council of the Institute of Biology, Sri Lanka in pursuance of this application. I agree that if any of the information given by me is found at any time to be incorrect, the membership is liable to be terminated”.

   Date:................................. Signature:.................................

**Instructions to the applicant:** Please send your application along with all the other necessary documents (see the check list below) to The Secretary, Institute of Biology, ‘Vidya Mandiraya’, 120/10, Wijerama Mawatha, Colombo 7.

The Council of the Institute will review your application and depending on your qualifications you will be placed in any one of the following categories: Member, Associate, Licentiate, Affiliate or Student Member. The Secretary will notify you the category of membership and about payment of membership fee.

**Check list for applicants**

1. Completed application form

2. Recommendation (signatures) of Referees who are IOB members (*Box no. 09* above)

3. Certified copies of all relevant educational and professional qualifications

4. For student applicants: Certification by the Head of Department/ Institution about the applicant’s student status (*Box no. 04.a* above)

**For official use only:**

Considered at the ..........Council Meeting held on .....................................................

Category and Membership No: ........................................................................

Comments: ........................................................................................................

..................................................................................................................