



INSTITUTE OF BIOLOGY - SRI LANKA

APPLICATION FOR CHARTED BIOLOGIST

IOB MEMBERSHIP NO -

1. **Name:** (in full, underline surname) Miss/ Mrs/ Dr/ Prof

.....

2. **Address:**

(a) Official:

Tel-

(b) Private:

Tel-

E mail.....

(c) Please indicate to which address your letters should be sent: a / b

2. **Education:**

(a) First Degree

University:

Period of study:

Subjects:

Degree:

(b) Post graduate Degree/s and / or diplomas:

Post Graduate
Degree/ diploma

University/
Institute

Dated (From- To)

Filed of
Specialization

3. **Employment Record:**

(a) Current employment:

Position:

Employer:

Responsibilities and duties:

(b) Past employment:

Position:

Employer:

Responsibilities and duties:

(c) Past employment:

Position:

Employer:

Responsibilities and duties:

4. Professional experience:

Teaching

Research

Consultancy

5. Membership in other Professional Associations/ Societies etc.

6. Referees (at least one should be a Fellow of the IOB)

Referee 1

Referee 2

Name:

IOB membership number

Address:

E mail:

7. 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 understand that if any of the information given by me is found to be incorrect at any time, the membership is liable to be terminated.

Date:

Signature:

Please send your application to- The Secretary, Institute of Biology, 120/10, Wijerama Mawatha, Colombo 07, along with a recent bio data and supporting information.