** INSTITUTE OF BIOLOGY**

**SRI LANKA**

*(Incorporated by Act of Parliament No. 22 of 1984)*

**Membership Application Form – Fellow**

The candidate must possesses in any field of Biology, a Ph.D Degree or equivalent qualifications from a recognized University **and** is a member for more than 10 years **and** has not less than 10 years post-doctoral significant contributions to biological research or in the teaching or application of Biology. A person of eminence who has made significant contribution to the development and advancement of biology as acceptable to the council will be awarded with the fellowship of the institution.

*Please, tick the boxes appropriate to you* √

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1 PERSONAL DETAILS** Title | | | Prof |  | | Dr |  | Mrs |  | Miss | | |  | Mr |  |
| Other (please specify)  Name: (with initials)  Full Name : (in Block Capitals) | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Gender  Day Month Year | | | | | | | | Female | | |  | Male | | |  |
| Age  Citizenship | | | |  | | | |
| Date of Birth |  |  | | |  | | |  | | | |
| \*should be at least 35 years of age  (Original or certified copy of the certificate should be attached) | | | | | | | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **2 ADDRESS AND EMPLOYMENT** | | Residential Address |  |
| **2a.** To which address the correspondence should be sent (Residential/ Office) | | |  |
| Telephone |  | Postal Code |  |
| e-mail | | |  |
| **2b. J**ob title, the name and address of your employer | | Job Title  Official Address |  |
|  |
| Telephone |  | Postal Code |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **3 PhD OR EQUIVALENT DEGREE**  (Please attach a certified copy of the degree certificate(s)  *Month Year* | | | | |
| Name of Award  Institution  Subjects of Award |  | Effective Date of Award  Duration from  To |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5 RESPONSIBLE WORK EXPERIENCE IN BIOLOGICAL RESEARCH OR IN THE TEACHING OR APPLICATION OF BIOLOGY**  *Month Year* | | | | | |
| Work  Institution  Work experience |  | Duration from  To |  | |  |
|  |  |  | |
|  |

|  |  |
| --- | --- |
| **6 PROFESSIONAL EXPERIENCE** (Attach separate sheet if necessary) | |
| **EMPLOYMENT**   1. **Current Employment**   Position  From  To  Employer  Responsibilities and Duties |  |
|  |
|  |
|  |
|  |

|  |  |
| --- | --- |
| 1. **Past Employment**   Position  From  To  Employer  Responsibilities and Duties |  |
|  |
|  |
|  |
|  |
| 1. **Past Employment**   Position  From  To  Employer  Responsibilities and Duties |  |
|  |
|  |
|  |
|  |

|  |  |
| --- | --- |
| **7. Membership in other professional associations/ societies etc.** |  |
| **8. Any other relevant experiences**  (Attach separate sheet if necessary) |  |
| **9. Please indicate the category and your membership roll number of IOB** |  |
| **10. Date Joining the IOB** |  |

**11 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 and your contribution to the development and advancement of biology you will be placed in the category of fellow. The Secretary will notify you the category of membership and about payment of membership fee.

|  |  |
| --- | --- |
| **CHECKLIST FOR APPLICANTS** | |
| Completed application form |  |
| Certified copies of all relevant educational and professional qualifications |  |
| Copy of the curriculum vitae of the applicant |  |

***For official use only:***

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

Category and Membership No:

Comments: ………………………………………………………………………………………………………

………………………………………………………………………………………………………