



INSTITUTE OF BIOLOGY SRI LANKA

(Incorporated by Act of Parliament No. 22 of 1984)
Membership Application Form – Fellow

*Candidate must possess 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

Please, tick the boxes appropriate to you

1 PERSONAL DETAILS		Title	Prof	<input type="checkbox"/>	Dr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Mr	<input type="checkbox"/>		
Other (please specify)														
Name: (with initials)														
Full Name : (in Block Capitals)														
		Gender		Female		<input type="checkbox"/>		Male		<input type="checkbox"/>				
		Day	Month	Year	Age									
Date of Birth					Citizenship									
*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. Your job 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))				
				<i>Month Year</i>
Name of Award		Effective Date of Award		
Institution			Duration from	
Subjects of Award			To	

5 RESPONSIBLE WORK EXPERIENCE IN BIOLOGICAL RESEARCH OR IN THE TEACHING OR APPLICATION OF BIOLOGY				
				<i>Month Year</i>
Work		Duration from		
Institution			To	
Work experience				

6 PROFESSIONAL EXPERIENCE (Attach separate sheet if necessary)	
EMPLOYMENT	
a) Current Employment	
Position	
From	
To	
Employer	
Responsibilities and Duties	

b) Past Employment	Position	
	From	
	To	
	Employer	
	Responsibilities and Duties	
c) 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:

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