** INSTITUTE OF BIOLOGY**

**SRI LANKA**

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

**Membership Application Form – A Member**

 *Please, tick the boxes appropriate to you* √

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|  **CATEGORY UNDER WHICH THE APPLICANT IS BASED ON** |
| **1** | Possesses in any field of Biology a PhD Degree or equivalent qualifications from a recognized University |  |
| **2** | Possesses in any field of Biology a 1st or 2nd class Degree from a recognized University and has at least 5 years of experience in biological research or in the teaching or application of Biology |  |
| **3** | Possesses in any field of Biology a bachelor’s degree and a postgraduate degree from a recognized university |  |
| **4** | Possesses in any field of Biology a bachelor’s degree and 10 years’ experience in biological research or in the teaching or application of Biology |  |
| **5** | Possesses a bachelor’s degree in any field and actively engaged in and made **significant contribution** to teaching, research and development activities for more than 10 years |  |

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| **1 PERSONAL DETAILS** Title | Prof |   | Dr |  | Mrs |  | Miss |  |  Mr |  |
|  Other (please specify) Name: (with initials) Full Name : (in Block Capitals)  |  |
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|  Gender Day Month Year | Female  |  | Male |  |
| AgeCitizenship |  |
| Date of Birth |   |  |  |  |
| Candidate should be at lease 25 years of age |

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| **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 TitleOfficial Address |  |
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| Telephone  |  | Postal Code |  |

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| **3 FIRST DEGREE (RELATED TO ANY FIELD OF BIOLOGY) OR EQUIVALENT**(Please attach a copy of the degree certificate(s), certified by the Head of the Department/Institution)*Month Year* |
| Name of DegreeInstitutionPrincipal Subjects Subsidiary SubjectsClass |  | Effective Date of Degree Duration fromTo |   |  |
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| **4 EXPERIENCE (5 OR 10 YEAR) IN BIOLOGICAL RESEARCH OR IN THE TEACHING OR APPLICATION OF BIOLOGY** *Month Year* |
| Work InstitutionWork experience |  | Duration fromToNumber of years |  |  |
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| **5 POST-GRADUATE DEGREE(S) OR EQUIVALENT** (Please attach a copy of the degree certificate(s), certified by the Head of the Department/Institution)*Month Year* |
| Name of Award InstitutionSubjects of Award |  | Effective Date of AwardDuration fromTo |  |  |
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| **6 PROFESSIONAL EXPERIENCE** (Attach separate sheet if necessary) |
| **EMPLOYMENT** 1. **Current Employment**

Position FromToEmployerResponsibilities and Duties |  |
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| 1. **Past Employment**

PositionFromToEmployerResponsibilities and Duties |  |
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| 1. **Past Employment**

PositionFromToEmployerResponsibilities and Duties |  |
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| **7. MEMBERSHIP IN OTHER PROFESSIONAL ASSOCIATIONS/ SOCIETIES ETC.** |  |
| **8. ANY OTHER RELEVANT EXPERIENCES**  |  |
| **9. 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).** |  |

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| **10 REFEREES** (Must be Life Members of the IOB)*We propose that the above applicant be admitted to the IOB membership.*\* Referee report must be attached |
| **Proposed by:** **Name & Position**   |    |
| **Address**  |    |
|  |
| **Signature**  |    |
|  |
| **Seconded by:** |  |
| **Name & Position** |
|  |
| **Address**  |    |
|  |
| **Signature**   |    |
|   |

**If the applicant cannot obtain the signature of a member of IOB, two referee reports are required from the head of the place of employment and any other non-related referee.**

**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 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.

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| **CHECKLIST FOR APPLICANTS**  |
| Completed application form |  |
| Recommendation (signatures) of Referees who are IOB members (***Box no. 10*** above) |  |
| Referee Report |  |
| Certified copies of all relevant educational and professional qualifications |  |

***For official use only:***

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

Category and Membership No:

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

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