** INSTITUTE OF BIOLOGY**

**SRI LANKA**

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

**Membership Application Form - A Student Member**

*Please, tick the boxes appropriate to you* √

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| **CATEGORY UNDER WHICH THE APPLICANT IS BASED ON** | | |
| 1 | Registered undergraduate offering any subject in the field of Biology in a recognized university |  |
| 2 | Passed such qualifying examinations or sections of examinations as are acceptable to the Council |  |

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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 | | |  |
| Age  Citizenship | | | |  | | | |
| Date of Birth |  |  | | |  | | |  | | | |
| (Original or certified copy of the certificate should be attached) | | | | | | | | | | | | | | | |

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| **2 CERTIFICATION**  (Please attach a copy of the student ID, certified by the Head of the Department/Institution) | |
| Name of Degree  Institution  Principal Subjects  Subsidiary Subjects |  |
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|  |
| 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** | |

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| **3. MEMBERSHIP IN OTHER PROFESSIONAL ASSOCIATIONS/ SOCIETIES ETC.** |  |
| **4. ANY OTHER RELEVANT EXPERIENCES** |  |

**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.

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| **CHECKLIST FOR APPLICANTS** | |
| Completed application form |  |
| Certified copies of all relevant educational and professional qualifications |  |
| Certification by the Head of Department/ Institution about the applicant’s student status (***Box no. 02*** above) |  |

***For official use only:***

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

Category and Membership No:

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

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