



# INSTITUTE OF BIOLOGY SRI LANKA

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

## Membership Application Form - An Affiliate

Please, tick the boxes appropriate to you

CATEGORY UNDER WHICH THE APPLICANT IS BASED ON		
1	Possesses a B.Sc. Degree with at least one subject in any field of Biology from a recognized University	
2	Possesses a pass in the Institute Pat I (lower level) Examination	
3	Has such qualifications and / or experience in the field of Biology as acceptable to the Council	

<b>1 PERSONAL DETAILS</b>		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	<input type="text"/>	<input type="text"/>	<input type="text"/>	Citizenship								
Candidate should be at least 21 years of age (Original or certified copy of the certificate should be attached)												

<b>2 ADDRESS AND EMPLOYMENT</b>	Residential Address	
<b>2a.</b> To which address the correspondence should be sent (Residential/ Office)		

Telephone		Postal Code	
			e-mail
<b>2b.</b> Your job title, the name and address of your employer	Job Title		
	Official Address		
Telephone		Postal Code	

<b>3 B.Sc. DEGREE</b>				
(Please attach a copy of the degree certificate(s), certified by the Head of the Department/Institution)				
				<i>Month Year</i>
Name of Degree		Effective Date of Degree		
			Duration from	
Institution		To		
Principal Subjects				
Subsidiary Subjects				

<b>4 PROFESSIONAL EXPERIENCE</b> (Attach separate sheet if necessary)	
<b>EMPLOYMENT</b>	
<b>a) Current Employment</b>	
Position	
From	
To	
Employer	
Responsibilities and Duties	

<b>b) Past Employment</b>	Position	
	From	
	To	
	Employer	
	Responsibilities and Duties	
<b>c) Past Employment</b>	Position	
	From	
	To	
	Employer	
	Responsibilities and Duties	

<b>5. MEMBERSHIP IN OTHER PROFESSIONAL ASSOCIATIONS/ SOCIETIES ETC.</b>	
<b>6. ANY OTHER RELEVANT EXPERIENCES</b>	

**8 REFEREES** (Must be Life Members of the IOB)

*We propose that the above applicant be admitted to the IOB membership.*

<b>Proposed by:</b>  <b>Name &amp; Position</b>  <b>Address</b>  <b>Signature</b>	
<b>Seconded by:</b>  <b>Name &amp; Position</b>  <b>Address</b>  <b>Signature</b>	

**9 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.

<b>CHECKLIST FOR APPLICANTS</b>	
Completed application form	
Recommendation (signatures) of Referees who are IOB members ( <b>Box no. 08</b> above)	
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:

.....  
 .....