



INSTITUTE OF BIOLOGY SRI LANKA

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

Membership Application Form - An Associate

Please, tick the boxes appropriate to you

CATEGORY UNDER WHICH THE APPLICANT IS BASED ON		
1	Possesses in any field of Biology a first or second class degree from a recognized university	
2	Possesses in any field of Biology a Bachelors degree from a recognized university and 2 years' experience in biological research, in the teaching or in the application of Biology	
3	Has such qualifications and / or experience in the field of Biology as acceptable to the Council	
4	Possesses a pass in the Institute Part II Examination and is engaged in or associated actively with any branch of Biology	

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				Male			
		Day	Month	Year			Age						
Date of Birth							Citizenship						
Candidate should be at least 21 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 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)					
				<i>Month Year</i>	
Name of Degree		Effective Date of Degree			
			Duration from		
Institution		To			
Principal Subjects					
Subsidiary Subjects					
Class					

4 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

5. MEMBERSHIP IN OTHER PROFESSIONAL ASSOCIATIONS/ SOCIETIES ETC.	
6. ANY OTHER RELEVANT EXPERIENCES	
7. Are you already a Licentiate/ Student Member of the Institute of Biology, Sri Lanka? If so, please indicate the category and your roll number (if known).	

8 REFEREES (Must be Life Members of the IOB)
We propose that the above applicant be admitted to the IOB membership.

Proposed by:	Name & Position	
	Address	
	Signature	
Seconded by:	Name & Position	
	Address	
	Signature	

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.

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

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