**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* √

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| **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 |  |

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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 |  |  | | |  | | |  | | | |
| Candidate should be at lease 21 years of age  (Original or certified copy of the certificate should be attached) | | | | | | | | | | | | | | | |

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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 Title  Official Address |  |
|  |
| 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 Degree  Institution  Principal Subjects  Subsidiary Subjects  Class |  | Effective Date of Degree  Duration from  To |  |  |
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| **4 PROFESSIONAL EXPERIENCE** (Attach separate sheet if necessary) | |
| **EMPLOYMENT**   1. **Current Employment**   Position  From  To  Employer  Responsibilities and Duties |  |
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| 1. **Past Employment**   Position  From  To  Employer  Responsibilities and Duties |  |
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| 1. **Past Employment**   Position  From  To  Employer  Responsibilities and Duties |  |
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| **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).** | |  |

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| **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** |
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| **Address** |  |
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| **Signature** |  |
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| **9. Payment of Subscription fee**  The payment can be made as a direct bank deposit / online transfer/ check deposit to the “Institute of Biology, Sri Lanka” account at Peoples Bank, Thimbirigasyaya branch (Account number 086-100141191763)  Please attach a copy of the payment slip/ cheque or bank draft with the application form as a proof of payment.  The membership fee: Rs. 1,000.00 (Annual) | | |
| Date of Payment  Amount paid  Cash/ Bank draft/ Cheque | |  |
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|  |
| Member’s account details  (In case of an unsuccessful application, the payment will be refunded within three (03) months) | Name of the Bank |  |
| Name of Branch |  |
| Account Number |  |
| Name of the Account Holder |  |

**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 the Associate member category.

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| **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 |  |
| Payment of subscription fee |  |

***For official use only:***

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

Category and Membership No:

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

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