



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 To	
Institution				
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. 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	
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.

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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