**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)  |  |
|  |
|  |
|  |
|  Gender Day Month Year | Female  |  | Male |  |
| AgeCitizenship |  |
| 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 DegreeInstitutionPrincipal 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**  |  |

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| **5. 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. 500.00 (One time) |
| Date of PaymentAmount paidCash/ 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 |  |

**6. 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 Student Member Category.

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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) |  |
| Payment of subscription fee |  |

***For official use only:***

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

Category and Membership No:

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

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