

INSTITUTE OF BIOLOGY

SRI LANKA

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

Application for Chartered Membership of the IOB

| 1. | | ine surname) Prof./ Dr./ Mr./ Mrs./ Miss/ |
|------|---------------------------------------|--|
| •••• | Name: (with initials) | |
| 2. | Contact details (a) Official address: | |
| | | |
| •••• | Telephone: | |
| | (b) Residential addre | ess: |
| | | |
| | Telephone: | |
| *** | * Please indicate to which | ch address your letters should be sent: (a) Official or (b) Residential? |
| | (d) E-mail address: | |
| 3. | Personal Details: | |
| | (a) Gender: | Male/ Female |
| | (b) Date of birth: | |
| | (c) Citizenshin | |

4. Education

(a) First Degree

| Degree | University | Period of study | Subjects | Class |
|--------|------------|-----------------|----------|-------|
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(b) Post-graduate degree(s) and/or Diploma(s):

| University/ Institute | Period of study | Field of Specialization |
|-----------------------|-----------------------|---------------------------------------|
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| | | |
| | University/ Institute | University/ Institute Period of study |

5. Employment Record: (Please attach a separate sheet if necessary)

(a) Current Employment:

| Position | From: | Employer | Responsibilities and duties |
|----------|-------|----------|-----------------------------|
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| (b) Past Employment(s) |
|------------------------|
|------------------------|

| Position | From: | To: | Employer | Responsibilities and duties |
|----------|-------|-----|----------|-----------------------------|
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| 6. | Profession | al Experi | ence (Please attach | a separate sheet if nea | cessary) |
|----|---|------------|---------------------|-------------------------|--------------------------|
| | Teaching | | | | |
| | Research | | | | |
| | Consultancy | | | | |
| 7. | Membership | in other I | Professional Associ | ations/ Societies etc. | |
| | | | | | |
| 8. | Please state your current IOB membership number, category and the year (or date) in which the current membership certificate was awarded. | | | | |
| | Membershi | p No: | Car | egory: Member (Life | e)/ Fellow/ Hon. Fellow/ |
| | Year / Date | e above me | embership was awa | ·ded: | |
| | [** Please | attach a c | opy of the relevant | IOB membership cen | rtificate] |

| 8. | Referees (| (at least one should be a <u>Fellow of the IOB</u>) Proposed by | Seconded by | | | | |
|------------|--|--|--|---|--|--|--|
| | Name | | | | | | |
| | Address | | | • | | | |
| | | | | | | | |
| | | | | | | | |
| | E-mail | | | | | | |
| | Signature | · | | | | | |
| | IOB mem | bership Number | | | | | |
| 9. | Certificat | ion (To be signed by all applicants) | | | | | |
| Da | any time to I also certi Lanka, and to take disc | in pursuance of this application. I agree that if a be incorrect, the membership is liable to be term by that I have not violated and will not violate I understand that if found guilty of unethical priplinary action as stated in the by-laws of the Internal will be a stated in the by-laws of the Internal priplinary action as stated in the by-laws of the Internal priplinary action as stated in the by-laws of the Internal priplinary action as stated in the by-laws of the Internal priplinary action as stated in the by-laws of the Internal priplinary action as stated in the by-laws of the Internal priplinary action as stated in the by-laws of the Internal priplinary action as stated in the by-laws of the Internal priplinary action as stated in the by-laws of the Internal priplinary action as stated in the by-laws of the Internal priplinary action as stated in the by-laws of the Internal priplinary action as stated in the by-laws of the Internal priplinary action as stated in the by-laws of the Internal priplinary action as stated in the by-laws of the Internal priplinary action as stated in the by-laws of the Internal priplinary action as stated in the by-laws of the Internal priplinary action as stated in the by-laws of the Internal priplinary action ac | inated. the 'Code of Ethics' adopted by to practice, the Council of the IOB ha | he IOB Sri as the right | | | |
| doc doc | numents (see nument to iob | the checklist below and follow the same order oslcouncil@gmail.com. The Council of the Institution if needed. The Secretary will notify you of the same of the secretary will notify you of the same order. | when saving as a PDF file) as a sinte will review your application and | ngle PDF | | | |
| | | Check list for applican | ts | | | | |
| | 1. Con | 1. Completed application form | | | | | |
| | | ommendation (signatures) of Referees who are ald be a 'Fellow' (<i>Box no. 08</i> above) | IOB members; one | | | | |
| | 3. A co | opy of the IOB membership certificate | | | | | |
| | 4. A re | ecent CV with evidence of professional competen | ce / achievements etc. | | | | |
| For | r official use | only: Considered at theCounc | il Meeting held on | | | | |
| Nev | w Membersh | ip No: | | | | | |