

Issued by Institute of Biology, Sri Lanka

Name of Applicant : _____

Name with initials : _____

National Identity card No : _____

Address : _____

Tel: No: _____

E-mail (if available) : _____

Male Female

Date of Birth :

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Name and Address of the School : _____

Medium chosen for examination: Sinhala English Tamil

Preferred Examination Center/ University

Colombo/ Sri Jayewardenepura
(based on address candidate will be given one of these centers)

Peradeniya Ruhuna

Jaffna Eastern

Payment details of People's Bank: Branch: Date:

I state that the above particulars are true and correct. I confirm that I abide by the rules and regulations of the competition.

Signature of the applicant

Date

**
Photocopy
of this
Application
can also
be used

Pay Rs 700 to Peoples Bank, Institute of Biology account number 086-1-001-4-1191763 and attach the Payment slip to this Application and send to

**SLBO Coordinator, Institute of Biology, SLAAS Office,
120/10, Vidya Mawatha, Colombo 7.**

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