

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 :

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

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.

 Photocopy
 of this
 Application
 can also
 be used

 Signature of the applicant

 Date

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.
www.iobsl.org