





## **Application Form**

## Issued by Institute of Biology, Sri Lanka

| Name of Applicant :   |
|---|
| Name with<br>Initials :   |
| National Identity Card No :   |
| Address :   |
| Mobile Phone No :   |
| E-mail (if available) :   |
| Male : Female : Date of Birth : DDMMYYYY  |
| Name and<br>Address of<br>the School :  |
| Medium chosen for examination: Sinhala English Tamil  |
| Preferred Examination Center/ University  |
| Colombo/ Sri Jayewardenepura<br>(based on address candidate will be given one of these centers) |
| Peradeniya Ruhuna   |
| Jaffna Eastern  |

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 |  |
|---------------------------------|--|
|---------------------------------|--|

Pay Rs. 800.00 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