



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

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	

1 PERSONAL DETAILS	Title	Prof <input type="checkbox"/>	Dr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Mr <input type="checkbox"/>
Other (please specify)						
Name: (with initials)						
Full Name : (in Block Capitals)						
Date of Birth			Day	Month	Year	Gender
						Female <input type="checkbox"/>
						Male <input type="checkbox"/>
			Age			
			Citizenship			
(Original or certified copy of the certificate should be attached)						

2 CERTIFICATION (Please attach a copy of the student ID, certified by the Head of the Department/Institution)

Name of Degree	
Institution	
Principal Subjects	
Subsidiary Subjects	
Expected year of graduation	<input type="text"/>
<p>Certification by the Head of Department/ Institution about the applicant's student status:</p> <p><i>I certify that the above named is currently a student of this University/ Institution.</i></p>	
<div style="border: 1px solid black; width: 300px; height: 50px; margin: 0 auto;"></div> <p>Signature of the Head of Department</p>	

3. MEMBERSHIP IN OTHER PROFESSIONAL ASSOCIATIONS/ SOCIETIES ETC.	
4. ANY OTHER RELEVANT EXPERIENCES	

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 Payment		
Amount paid		
Cash/ 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.

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:

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Comments:

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