

## INSTITUTE OF BIOLOGY SRI LANKA

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

## **Membership Application Form – Fellow**

Mrs

Miss

Mr

The candidate must possess in any field of Biology, a Ph.D. Degree or equivalent qualifications from a recognized University, have been a member for more than 10 years, and have not less than 10 years of post-doctoral experience with significant contributions to biological research or in the teaching or application of Biology. A person of eminence who has made a significant contribution to the development and advancement of biology as acceptable to the council will be awarded the fellowship of the institution.

Dr

Prof

Please, tick the boxes appropriate to you  $\sqrt{\phantom{a}}$ 

1 PERSONAL DETAILS Title

Name: (with initials) Full Name: (in Block Capitals)    Day   Month   Year   Age	Other	(please special	fy)					
Date of Birth    Sender   Female   Male	Nan	ne: (with initia	ls)					
Date of Birth Citizenship  *should be at least 35 years of age (An original or certified copy of the certificate should be attached)  2 ADDRESS AND EMPLOYMENT Residential Address  2a. To which address the correspondence should be sent (Residential/ Office)  Telephone Postal Code  e-mail  2b. Job title, the name and address of your employer  Official Address	Full Name: (ir	Block Capita	ls)					
Date of Birth Citizenship  *should be at least 35 years of age (An original or certified copy of the certificate should be attached)  2 ADDRESS AND EMPLOYMENT Residential Address  2a. To which address the correspondence should be sent (Residential/ Office)  Telephone Postal Code  e-mail  2b. Job title, the name and address of your employer  Official Address								
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(An original or certified copy of the certificate should be attached)  2 ADDRESS AND EMPLOYMENT Residential Address  2a. To which address the correspondence should be sent (Residential/ Office) Telephone Postal Code e-mail  2b. Job title, the name and address of your employer Official Address	Date of Birth				Citizenship			
2 ADDRESS AND EMPLOYMENT  Residential Address  2a. To which address the correspondence should be sent (Residential/ Office)  Telephone  Postal Code e-mail  2b. Job title, the name and address of your employer  Official Address	*should be at lea	st 35 years of	age					
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Address  2a. To which address the correspondence should be sent (Residential/ Office)  Telephone  Postal Code e-mail  2b. Job title, the name and address of your employer  Official Address					_			
2a. To which address the correspondence should be sent (Residential/ Office)  Telephone  Postal Code  e-mail  2b. Job title, the name and address of your employer  Official Address	2 ADDRESS AND EMPLOYMENT Residen			Residential				
(Residential/ Office)  Telephone  Postal Code  e-mail  2b. Job title, the name and address of your employer  Official Address				Address				
Telephone Postal Code  e-mail  2b. Job title, the name and address of your employer  Official Address	<b>2a.</b> To which address the correspondence should be sent							
2b. Job title, the name and address of your employer  Official Address	(Residential/ Office)							
2b. Job title, the name and address of your employer Official Address	Telephone			Postal Code				
your employer  Official Address				e-mail				
Official Address	<b>2b.</b> Job title, the name and address of			Job Title				
Talanda na	your employer			Official Address				
Telephone Postal Code	Telephone			Postal Code				

3 Ph.D. OR EQUIVAL						
(Please attach a certified co	py of the deg	gree certificate(s)				
_					Month	Year
Name of Award			Effective	Date of Award		
Institution				Duration from		
nistration				Burunon mom		
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Subjects of Award				То		
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5 RESPONSIBLE WO			LOGICAL	A RESEARCH C	)K IN	IHŁ
TEACHING OR APPL	ICATION (	OF BIOLOGY				
					Month	Year
Work				Duration from		
Institution				То		
Work experience						
work experience						
6 PROFESSIONAL EX	(PERIENC	E (Attach a separa	ite sheet if r	necessary)		
EMPLOYMENT						
a) Current Employ	ymont					
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P	osition					
	From					
	То					
Em	ployer					
Responsibilities and	Duties					

b) Past Employment	
Position	
From	
То	
Employer	
Responsibilities and Duties	
c) Past Employment	
Position	
From	
То	
Employer	
Responsibilities and Duties	
7. Membership in other professional associations/ societies etc.	
8. Any other relevant experiences	
(Attach separate sheets if necessary)	
9. Please indicate the category and your membership rol number of IOB	
10. Date Joining the IOB	

## **11 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 email yo	ur application along with all the other necessary
documents (see the checklist below and follow	v the same order when saving as a PDF file) as
a single PDF document to iobslcouncil@gma	il.com. The Council of the Institute will review
your application and depending on your qualification	cations and your contribution to the development
and advancement of biology you will be place	ed in the category of fellow. The Secretary will
notify you of the decision.	
CHECKLIST FO	R APPLICANTS
Completed application form	
Copy of the curriculum vitae with evidence of p	rofessional competence/achievements
etc.	
Certified copies of all relevant educational and J	professional qualifications
For official use only:	
Considered at the Council Meeting h	neld on
Category and Membership No:	
Comments:	