**INSTITUTE OF BIOLOGY**

**SRI LANKA**

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

**Membership Application Form - An Affiliate**

*Please, tick the boxes appropriate to you* √

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| **CATEGORY UNDER WHICH THE APPLICANT IS BASED ON** | | |
| 1 | Possesses a B.Sc. Degree with at least one subject in any field of Biology from a recognized University |  |
| 2 | Possesses a pass in the Institute Part I (lower level) Examination |  |
| 3 | Has such qualifications and / or experience in the field of Biology as acceptable to the Council |  |

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| **1 PERSONAL DETAILS** Title | | | Prof |  | | Dr |  | Mrs |  | Miss | | |  | Mr |  |
| Other (please specify)  Name: (with initials)  Full Name : (in Block Capitals) | | |  | | | | | | | | | | | | |
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| Gender  Day Month Year | | | | | | | | Female | | |  | Male | | |  |
| Age  Citizenship | | | |  | | | |
| Date of Birth |  |  | | |  | | |  | | | |
| Candidate should be at least 21 years of age  (Original or certified copy of the certificate should be attached) | | | | | | | | | | | | | | | |

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| **2 ADDRESS AND EMPLOYMENT** | | Residential Address |  |
| **2a.** To which address the correspondence should be sent (Residential/ Office) | | |  |
| Telephone |  | Postal Code |  |
| e-mail | | |  |
| **2b.** Your job title, the name and address of your employer | | Job Title  Official Address |  |
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| Telephone |  | Postal Code |  |

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| **3 B.Sc. DEGREE**  (Please attach a copy of the degree certificate(s), certified by the Head of the Department/Institution)  *Month Year* | | | | |
| Name of Degree  Institution  Principal Subjects  Subsidiary Subjects |  | Effective Date of Degree  Duration from  To |  |  |
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| **4 PROFESSIONAL EXPERIENCE** (Attach a separate sheet if necessary) | |
| **EMPLOYMENT**   1. **Current Employment**   Position  From  To  Employer  Responsibilities and Duties |  |
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| 1. **Past Employment**   Position  From  To  Employer  Responsibilities and Duties |  |
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| 1. **Past Employment**   Position  From  To  Employer  Responsibilities and Duties |  |
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| **5. MEMBERSHIP IN OTHER PROFESSIONAL ASSOCIATIONS/ SOCIETIES ETC.** |  |
| **6. ANY OTHER RELEVANT EXPERIENCES** |  |

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| **7 REFEREES** (Must be Life Members of the IOB)  *We propose that the above applicant be admitted to the IOB membership.* | |
| **Proposed by:**    **Name & Position** |  |
| **Address** |  |
|  |
| **IOB Membership Number**  **Signature** |  |
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| **Seconded by:** |  |
| **Name & Position** |
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| **Address** |  |
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| **IOB Membership Number**  **Signature** |  |
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| **8. 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. 1,000.00 (Annual) | | |
| Date of Payment  Amount paid  Cash/ Bank draft/ Cheque | |  |
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| 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 |  |

**9 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 your application along with **recent bio data** and other necessary documents (see the **checklist below and follow the same order when saving as a PDF file**) as a **single PDF** document to [iobslcouncil@gmail.com](mailto:iobslcouncil@gmail.com)**.** The Council of the Institute will review your application and the Secretary will notify you of the outcome of your application.

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| **CHECKLIST FOR APPLICANTS** | |
| Completed application form |  |
| Recommendation (signatures) of Referees who are IOB members  (***Box no. 08*** above) |  |
| A recent ***CV*** with evidence of professional competence / achievements etc. |  |
| Certified copies of all relevant educational and professional qualifications |  |
| Payment of subscription fee |  |

***For official use only:***

Considered at the …………. Council Meeting held on……………………………………………

Category and Membership No:

Comments: ………………………………………………………………………………………………………

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