**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 |  |
| AgeCitizenship |  |
| 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 TitleOfficial 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 DegreeInstitutionPrincipal Subjects Subsidiary Subjects |  | Effective Date of Degree Duration fromTo |   |  |
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| **4 PROFESSIONAL EXPERIENCE** (Attach a separate sheet if necessary) |
| **EMPLOYMENT** 1. **Current Employment**

Position FromToEmployerResponsibilities and Duties |  |
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| 1. **Past Employment**

PositionFromToEmployerResponsibilities and Duties |  |
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| 1. **Past Employment**

PositionFromToEmployerResponsibilities 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**  |    |
|  |
| **Seconded by:** |  |
| **Name & Position** |
|  |
| **Address**  |    |
|  |
| **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 PaymentAmount paidCash/ 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**.** 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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