



# 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 ☒

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	

<b>1 PERSONAL DETAILS</b>				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)														
				Gender		Female		<input type="checkbox"/>		Male		<input type="checkbox"/>		
Day		Month		Year				Age						
Date of Birth								Citizenship						
Candidate should be at least 21 years of age														
(Original or certified copy of the certificate should be attached)														

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

<b>3 B.Sc. DEGREE</b>				
(Please attach a copy of the degree certificate(s), certified by the Head of the Department/Institution)				
<i>Month Year</i>				
Name of Degree		Effective Date of Degree		
Institution		Duration from To		
Principal Subjects				
Subsidiary Subjects				

<b>4 PROFESSIONAL EXPERIENCE</b> (Attach a separate sheet if necessary)	
<b>EMPLOYMENT</b>	
<b>a) Current Employment</b>	
Position	
From	
To	

Employer	
Responsibilities and Duties	
<b>b) Past Employment</b>	
Position	
From	
To	
Employer	
Responsibilities and Duties	
<b>c) Past Employment</b>	
Position	
From	
To	
Employer	
Responsibilities and Duties	

<b>5. MEMBERSHIP IN OTHER PROFESSIONAL ASSOCIATIONS/ SOCIETIES ETC.</b>	
<b>6. ANY OTHER RELEVANT EXPERIENCES</b>	

**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****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		
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 [jobs council@gmail.com](mailto:jobs council@gmail.com). The Council of the Institute will review your application and the Secretary will notify you of the outcome of your application.

CHECKLIST FOR APPLICANTS	
Completed application form	
Recommendation (signatures) of Referees who are IOB members ( <b>Box no. 08</b> above)	
A recent <b>CV</b> 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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 .....