**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 |  | | Dr |  | Mrs |  | Miss | | |  | Mr |  |
| Other (please specify)  Name: (with initials)  Full Name : (in Block Capitals) | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Gender  Day Month Year | | | | | | | | Female | | |  | Male | | |  |
| Age  Citizenship | | | |  | | | |
| Date of Birth |  |  | | |  | | |  | | | |
| (Original or certified copy of the certificate should be attached) | | | | | | | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **2 ADDRESS AND EMPLOYMENT** | | Residential Address |  |
| To which address the correspondence should be sent (Residential/ Office) | | |  |
| Telephone |  | Postal Code |  |
| e-mail | | |  |

|  |  |
| --- | --- |
| **3 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  Certification by the Head of Department/ Institution about the applicant’s student status:  *I certify that the above named is currently a student of this University/ Institution.*  ………………………………………….  **Signature of the Head of Department** | |

|  |  |
| --- | --- |
| **4. MEMBERSHIP IN OTHER PROFESSIONAL ASSOCIATIONS/ SOCIETIES ETC.** |  |
| **5. ANY OTHER RELEVANT EXPERIENCES** |  |

|  |  |  |
| --- | --- | --- |
| **6. 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 |  |

**7. 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 in saving as pdf**) as a **single pdf** document to [iobslcouncil@gmail.com](mailto:iobslcouncil@gmail.com)**.** 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) |  |
| CV of the applicant |  |
| Payment of subscription fee |  |

***For official use only:***

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

Category and Membership No:

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

………………………………………………………………………………………………………