



# **INSTITUTE OF BIOLOGY**

**SRI LANKA**

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

## **Application for Chartered Membership of the IOB**

**1. Name:** (in-full, underline surname) Prof./ Dr./ Mr./ Mrs./ Miss/

.....

**Name:** (with initials)

.....

**2. Contact details**

**(a) Official address:**

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**Telephone:** .....

**(b) Residential address:**

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.....

**Telephone:** .....

\*\*\* Please indicate to which address your letters should be sent: **(a) Official** or **(b) Residential**?

**(d) E-mail address:**.....

**3. Personal Details:**

**(a) Gender:** Male/ Female

**(b) Date of birth:** .....

**(c) Citizenship:** .....

**4. Education**

**(a) First Degree**

<b>Degree</b>	<b>University</b>	<b>Period of study</b>	<b>Subjects</b>	<b>Class</b>

**(b) Post-graduate degree(s) and/or Diploma(s):**

<b>Postgraduate Degree/ Diploma</b>	<b>University/ Institute</b>	<b>Period of study</b>	<b>Field of Specialization</b>

**5. Employment Record:** (Please attach a separate sheet if necessary)

**(a) Current Employment:**

<b>Position</b>	<b>From:</b>	<b>Employer</b>	<b>Responsibilities and duties</b>

**(b) Past Employment(s):**

<b>Position</b>	<b>From:</b>	<b>To:</b>	<b>Employer</b>	<b>Responsibilities and duties</b>

**6. Professional Experience (Please attach a separate sheet if necessary)**

<b>Teaching</b>	
<b>Research</b>	
<b>Consultancy</b>	

**7. Membership in other Professional Associations/ Societies etc.**

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**8. Please state your current IOB membership number, category and the year (or date) in which the current membership certificate was awarded.**

Membership No:..... Category: Member (Life)/ Fellow/ Hon. Fellow/..

Year / Date above membership was awarded: .....

***[\*\* Please attach a copy of the relevant IOB membership certificate]***

**8. Referees (at least one should be a Fellow of the IOB)**

**Proposed by**

**Seconded by**

**Name** .....

**Address** .....

.....

.....

**E-mail** .....

**Signature** .....

**9. Certification (To be signed by all applicants)**

*“I certify that the information given in this application form and in any attachment a 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.*

*I also certify that I have not violated and will not violate the ‘Code of Ethics’ adopted by the IOB Sri Lanka, and I understand that if found guilty of unethical practice, the Council of the IOB has the right to take disciplinary action as stated in the by-laws of the Institute”.*

Date:.....

Signature:.....

**Instructions to applicants:** Please send your application along with a **recent bio data** and **other necessary documents** (see the checklist below) to **The Secretary, Institute of Biology, ‘Vidya Mandiraya’, 120/10, Wijerama Mawatha, Colombo 7.** The Council of the Institute will review your application and may call you for an interview if needed. The Secretary will notify you of the outcome of your application.

Check list for applicants	
1. Completed application form	
2. Recommendation ( <b>signatures</b> ) of Referees who are IOB members ; one should be a ‘Fellow’ (Box no. 08 above)	
3. A copy of the <b>IOB membership certificate</b>	
4. A recent <b>CV</b> with evidence of professional competence / achievements etc.	

**For official use only:** Considered at the .....Council Meeting held on .....

New Membership No:

Comments: .....

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