



INSTITUTE OF BIOLOGY

SRI LANKA

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

Membership Application Form

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

.....

Name: (with initials)

.....

2. **Contact details**

(a) **Official address:**

.....

.....

.....

Telephone:

(b) **Residential address:**

.....

.....

.....

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

(Please attach a copy of the degree certificate(s), certified by the Head of the Department/Institution)

University	Degree	Period of study	Subjects	Class

**** If still an undergraduate, please state**

University:.....

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

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

(Please attach certified copies of relevant degree/ diploma certificates)

Postgraduate Degree/ Diploma	University/ Institute	Period of study	Field of Specialization

5. Professional Experience: (Attach separate sheet if necessary)

(a) Current Employment:

Position	From:	To:	Employer	Responsibilities and duties

(b) Past Employment(s):

Position	From:	To:	Employer	Responsibilities and duties

6. Membership in other Professional Associations/ Societies etc.

.....
.....

7. Any other relevant experience:

.....
.....

8. Are you already a Associate/ Licentiate/ Affiliate/ Student Member of the Institute of Biology, Sri Lanka? If so, please indicate the category and your roll number (if known).

.....

9. Referees (Must be Life Members of the IOB)

We propose that the above applicant be admitted to the IOB membership.

	Proposed by	Seconded by
Name
Address
Signature

10. 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 send your application along with all the other necessary documents (see the check list 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 depending on your qualifications you will be placed in any one of the following categories: Member, Associate, Licentiate, Affiliate or Student Member. The Secretary will notify you the category of membership and about payment of membership fee.

Check list for applicants	
1. Completed application form	
2. Recommendation (signatures) of Referees who are IOB members (Box no. 09 above)	
3. Certified copies of all relevant educational and professional qualifications	
4. For student applicants : Certification by the Head of Department/ Institution about the applicant’s student status (Box no. 04.a above)	

For official use only:

Considered at theCouncil Meeting held on

Category and Membership No:

Comments:

.....