

FORM B

To be completed by each co-author and submitted by the principal author, *only* when a co-author is not a member of the Institute of Chemistry Ceylon.

(to accompany every abstract submitted)

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Title of abstract : .....

Name of co-author : .....

Date of birth : .....

Employment : .....

Address : .....

.....

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***Declaration by co-authors of an abstract who are non-members of the Institute of Chemistry Ceylon.***

\* I am applying for Fellow / Member / Graduate / Licentiate / Technician / Student Membership in the Institute of Chemistry Ceylon.  
(Application forms for membership can be obtained from the Institute of Chemistry office).

\* Hereby I apply for session membership of the Institute of Chemistry for the 47<sup>th</sup> Annual Sessions, Year 2018. *Fee for the Session Membership Rs. 1500 /= is enclosed herewith.*

.....  
Signature of the non member

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**I hereby certify that the information furnished by Dr/Mr/Ms.....**

.....  
(Institution)

is true and correct.

.....  
Principal Author

.....  
Date

\* *Delete whatever is inappropriate*

**Granting of session membership is subject to the approval by the Council of the Institute of Chemistry Ceylon and will be notified by the end of February 2018.**