

Institute of Chemistry, Ceylon



Application form for Membership

- ◆ Before completing this application form. Please read the Guidance Notes on the page 7.
- ◆ Please complete the form in typescript, or in black ink using BLOCK CAPITALS
- ◆ Academic/Professional/Birth certificates must be submitted: either as original documents (*in which case they will be returned*) or **as photocopies countersigned by a Fellow of the Institute or a member of its Council.**
- ◆ All queries / correspondence relating to your application should be directed to :
Hony. Secretary / Admissions & Ethical Practices Committee
Adamantane House, 341/22, Kotte Road, Welikada, Rajagiriya

Tel : 011 – 2861231, 2861653 Fax : 2861231

E- Mail : ichemc@sltnet.lk

Web : <http://www.ichemc.com>

- ◆ Please, tick the boxes appropriate to you



1. CATEGORY OF MEMBERSHIP	Current	Applied for
	Non Member <input type="checkbox"/>	Affiliate <input type="checkbox"/>
	Affiliate <input type="checkbox"/>	Licentiate <input type="checkbox"/>
	Licentiate <input type="checkbox"/>	Technician <input type="checkbox"/>
	Associate <input type="checkbox"/>	Associate <input type="checkbox"/>
	Member <input type="checkbox"/>	Member <input type="checkbox"/>
If currently a member, state	Membership No. <input type="text"/>	Fellow <input type="checkbox"/>

2. PERSONAL DETAILS	Title	Prof	Dr	Mrs	Miss	Mr
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="text"/>					
State Your Surname with Initials	<input type="text"/>					
State your Full Name (in Block Capitals in the correct sequential order)	<input type="text"/>					
	<input type="text"/>					
	Female	<input type="checkbox"/>	Male	<input type="checkbox"/>		
	Day	Month	Year			
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	Age	<input type="text"/>	
(Original or certified copy of the certificate should be attached)						

3. ADDRESS AND EMPLOYMENT		Residential Address	
3a. To which address the correspondence should be sent –	<input type="checkbox"/> Residential/ <input type="checkbox"/> Official	Should	
Telephone	<input type="text"/>	Postal code	
		e-mail	
3b. Enter your job title, the name and address of your employer		Job Title	
		Official Address	
	Telephone <input type="text"/>	Postal code	

4. EDUCATION		
A G.C.E. (A/L) or equivalent	<i>Subjects</i>	<i>Year</i>
(To be filled only if you are NOT a degree holder)	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

B Post – Secondary Certificate or Diploma below degree level (<i>involving Chemical Sciences</i>)		
		<i>Month Year</i>
Name of Award	<input type="text"/>	Effective Date of award
Institution	<input type="text"/>	Duration from
Subject(s) of award	<input type="text"/>	to
Institution	<input type="text"/>	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>

C First degree or equivalent (<i>involving Chemical Sciences</i>)		
	<i>class & division</i>	<i>Month Year</i>
Name of Award	<input type="text"/>	Effective Date of award
Institution	<input type="text"/>	Duration from
Principal Subject(s)	<input type="text"/>	to
Subsidiary subject(s)	<input type="text"/>	
(Specify any special/ Major subjects if any)		Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>

D Postgraduate qualifications by course work (I) in Chemical Sciences		
		<i>Month Year</i>
Name of Award	<input type="text"/>	Effective Date of award
Institution	<input type="text"/>	Duration from
Subjects or Title of Dissertation	<input type="text"/>	to
Supervisor(s)	<input type="text"/>	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>

E Postgraduate qualifications by course work (II) in Chemical Sciences

Name of Award		Effective Date of award	<i>Month Year</i>	
Institution		Duration from		
Subjects or Title of Dissertation		to		
Supervisor(s)		Full Time	<input type="checkbox"/>	Part Time
			<input type="checkbox"/>	<input type="checkbox"/>

F Higher degree (I) by research in Chemical Sciences

Name of Award		Effective Date of award	<i>Month Year</i>	
Institution		Duration from		
Subject or Title of Thesis		to		
Supervisor(s)		Full Time	<input type="checkbox"/>	Part Time
			<input type="checkbox"/>	<input type="checkbox"/>

G Higher degree (II) by research in Chemical Sciences

Name of Award		Effective Date of award	<i>Month Year</i>	
Institution		Duration from		
Subject or Title of Thesis		to		
Supervisor(s)		Full Time	<input type="checkbox"/>	Part Time
			<input type="checkbox"/>	<input type="checkbox"/>

5. PUBLISHED MATERIAL

You may attach a list of your publications if you think necessary.

6. RECORD OF PROFESSIONAL EXPERIENCE AND EMPLOYMENT**NOTE**

(a) **FELLOWSHIP** requires sufficient experience involving seniority and maturity in any field that involves or promotes the advancement or wider application of Chemical science of a nature acceptable to the Council for a period of at least five years after obtaining the minimum requirements for the grade of **MEMBER**.

(b) **MEMBERSHIP** requires (depending on your basic academic/ professional qualification) varying periods of experience/attainments/exceptional attainments/training in the field and practice of Chemistry.

Please indicate overleaf relevant details of your previous employment starting from the last (including self-employment) and training /research that could be considered by the Council towards determining your suitability for Fellowship/Membership of the Institute in addition and subsequent to the academic /professional qualifications recorded in Part II.

6A. Current or most recent post (this may be your most recent promotion within the same organization)

Employer	<input type="text"/>	<i>Month</i> <i>Year</i>												
Job title of your superior's superior	<input type="text"/>	To <input type="text"/> <input type="text"/> From <input type="text"/> <input type="text"/>												
	▲													
Job title of your superior	<input type="text"/>													
	▲													
Your Job title	<input type="text"/>	Number of staff supervised by you												
	▲	<i>directly</i> <i>indirectly</i>												
Job title of your immediate subordinate(s)	<input type="text"/>	<input type="text"/> <input type="text"/>												
Your duties and responsibilities including details of staff that you supervise	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> </table>													

6B. Previous post (this may be the job before your recent promotion within the same organization)

Employer	<input type="text"/>	<i>Month</i> <i>Year</i>					
Job title of your superior	<input type="text"/>	To <input type="text"/> <input type="text"/> From <input type="text"/> <input type="text"/>					
	▲						
Your Job title	<input type="text"/>	Number of staff supervised by you					
	▲	<i>directly</i> <i>indirectly</i>					
Job title of your subordinate(s)	<input type="text"/>	<input type="text"/> <input type="text"/>					
Your duties and responsibilities including details of staff that you supervised	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> </table>						

Record of Professional & Employment (continued)

6C. Post prior to 6[B]

Employer	<input type="text"/>		<i>Month</i>	<i>Year</i>
	Δ		To	<input type="text"/>
Job title of your superior	<input type="text"/>		From	<input type="text"/>
	Δ			
Your Job title	<input type="text"/>	Number of staff supervised by you		
	Δ		<i>directly</i>	<i>indirectly</i>
Job title of your subordinate(s)	<input type="text"/>		<input type="text"/>	<input type="text"/>
Your duties and responsibilities	<input type="text"/>			
including details of staff that you supervised	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>			

6D. Post prior to 6[C]

Employer	<input type="text"/>		<i>Month</i>	<i>Year</i>
	Δ		To	<input type="text"/>
Job title of your superior	<input type="text"/>		From	<input type="text"/>
	Δ			
Your Job title	<input type="text"/>	Number of staff supervised by you		
	Δ		<i>directly</i>	<i>indirectly</i>
Job title of your subordinate(s)	<input type="text"/>		<input type="text"/>	<input type="text"/>
Your duties and responsibilities	<input type="text"/>			
including details of staff that you supervised	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>			

7. MISCELLANEOUS

You could include any additional relevant information in support of your application (*include any offices held in scientific/professional organizations, if you think it necessary for the application*)

<input type="text"/>
<input type="text"/>
<input type="text"/>

8. REFEREES

(To be filled only by applicants to the grade of Fellow or Member)

Note: the Institute requires from the referees information about the applicant's experience/training subsequent to the basic academic/professional qualifications. It is therefore in the own interest of the candidate to nominate referees who are able to comment on the work / experience/attainment in recent years.

At least ONE Referee should therefore be immediately responsible for your recent work. A referee's report from a non Chemist will be accepted only if a Chemist satisfying this condition is unavailable in your Organization. In any event at least one of the three referees should be a Fellow (*for application to the Fellow category*) or at least a MEMBER (*for application to the category of Member*)

Name & Addresses of three referees nominated in accordance with the above requirements.

8.1 Name & Position	
Address	
8.2 Name & Position	
Address	
8.3 Name & Position	
Address	

NOTE :- It is the responsibility of the applicant to ensure that the nominated referees forward their reports directly to the Institute, since applications will be processed only after the receipt of referees reports.

9. DECLARATION

I declare that the particulars given on this application form are true & correct. I agree to abide by the decision of the Council of the Institute of Chemistry, Ceylon in respect of this application.

Date

Signature of Applicant

GUIDANCE NOTE

- π Please read these notes and the Rules & Regulations for Membership carefully before completing the application form
- π All queries/ correspondence relating to your application should be directed to :
The Admission & Ethical Practices (A & EP) Committee
“Adamantane House”, 341/22, Kotte Road, Welikada, Rajagiriya
Tel. : 011-2861231, 2861653 Fax : 2861231
E- Mail : ichemc@sltnet.lk
Web : <http://www.ichem/c.com>

Completing the application form

- π Completed forms and supporting documents should be sent to the Hony Secretary, A&EP Committee at the above address
- π Please complete the form in full, using typescript or by writing clearly in block ink.
- π Forms which are badly completed or lack the necessary information will not be considered
- π A Curriculum Vitea is not acceptable in lieu of a completed form.

Documentary evidence of qualifications

- π Documentary evidence of qualifications not already available in the Institute must be included with your application.
- π Examination certificates must be submitted. Please send either the original documents (*which will be returned*) or photocopies, countersigned by one of your referees. Please note that originals are sent at your own risk.

Professional Experience

- π The information you provide must cover the complete period since you obtained your first degree or equivalent qualifications.
- π If you have held a number of positions with one employer, please devote a section to each post. Additional papers could be annexed.
- π If it is not possible to complete every section, please leave the box blank. (*This is particularly relevant to postgraduate students.*)
- π All your activities involving the application or promotion of Chemistry should be included, even if they are outside of your day-to-day employment.

FOR OFFICE USE ONLY

1. Application Received on

2. Subscription paid	Processing fee Rs.	<input type="text"/>
	Entrance Fee Rs.	<input type="text"/>
	Membership Fee Rs.	<input type="text"/>
	Any Other Fees	<input type="text"/>
	Total	<input type="text"/>

Cash/Cheque No. Date

3. Receipt Issued No. Date

4. Referee Report Received on

(1)	<input type="text"/>
(2)	<input type="text"/>
(3)	<input type="text"/>

5. Progress of Application

6. A & EP Committee
