

### Application for the Professional Fellow status of SLIAg

01.	Full Name			
	Name with Initials			
	Title	Emeritus Prof/ Prof/ Dr/ Mr/ Ms		
	NIC No.			
02.	SLIAg Professional Membership No.	MSLIAg/...../ .....		
03.	SLOAP membership No	<i>(If formerly a SLOAP member)</i>		
04.	<b>Contact details</b>			
	Mobile phones			
	Land phones	Home:	Office:	
	Email address			
	Permanent address			
	Mailing address			
05.	<b>Post-graduate Degree/s *</b>	<b>Specialty/ Discipline</b>	<b>Date Offered</b>	<b>Institution</b>
06.	<b>Professional Practice in Agriculture after obtaining PG qualifications *</b> <i>(attach extra sheets if required)</i>			
	<b>Position 1</b>	Designation:		
		From:		To:
		Specialty:		
		Institution		
	Office address:			
	<b>Position 2</b>	Designation:		
		From:		To:
		Specialty:		
		Institution		
	Office address:			

	<b>Position 3</b>	Designation:
		From: <span style="float: right;">To:</span>
		Specialty:
		Institution
		Office address:
	<b>Position 4</b>	Designation:
		From: <span style="float: right;">To:</span>
		Specialty:
		Institution
		Office address:
	<b>Position 5</b>	Designation:
		From: <span style="float: right;">To:</span>
		Specialty:
		Institution
		Office address:
	<b>Position 6</b>	Designation:
		From: <span style="float: right;">To:</span>
		Specialty:
		Institution
		Office address:
7.	Preferred Fellow specialty	<i>(Please refer the guidelines for proposing the Specialty of the Fellow)</i>
8.	Contributions	<i>(please annex a separate sheet for the contributions, special achievements, awards, publications and patents relevant to the specialty for the above period)</i>

\*Attach certified documents

I declare the information submitted for the Fellow status of SLIAg are true and correct. I agree to abide the constitution of SLIAg and Code of Ethics that may be in force and pay all the dues applicable from time to time. I also agree that my Fellowship may be terminated immediately if the Governing Council of SLIAg conclude that I have submitted false information herewith. Further, I declare and assure that I have not committed any offence or unethical activity to harm my professional carrier.

.....  
Signature of the Applicant

.....  
Date

**For the use of SLIAG office:**

Date of application received: ..... Application reference no : .....

Informing date, if incomplete: .....

Date of the completed application received after informed: .....

If the applicant is previously a SLOAP member, membership number and date : ..... (.....)

SLIAG membership number and date: MSLIAG/..... /..... (.....)

General Secretary (signature and date) .....

**For the use of the Membership Committee:**

s/n	Item	Eligibility (yes/no)	Remarks
1.	Whether the professional practice relevance to the postgraduate qualifications		
2.	Complying with the minimum duration of professional practice		
3.	Relevance of the contributions to the specialty requested		
4.	Relevance of the achievements to the specialty requested		
3.	Relevance of the awards to the specialty requested		
4.	Relevance of the publications to the specialty requested		
5.	Relevance of the patents to the specialty requested		
6.			
7.			
8.			
9.			

10.			
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**The Committee decisions:**

1. Nomination for the Fellow status is recommended/ not recommended
2. Special remarks if not recommended: .....
3. Fellow specialty recommended: .....
4. Special remarks if the specialty requested is revised: .....

S/N	Title	Name	Agree/ disagree	Signature	Date
1.	Chairman				
2.	Member				
3.	Member				

**For the use of Governing Council:**

The above recommendation of the membership committee is accepted/ not accepted by the GC at the meeting on ..... and forwarded to the next AGM ( .....) for the final approval.

Special remarks if not accepted .....

General Secretary (signature and date) .....

**Decision of the AGM:**

AGM decision: Approved/ not approved AGM date: .....

Special remarks if not approved: .....

Date of informing the acceptance to the Applicant: .....

General Secretary (signature and date) .....

**Payment of Membership Fees:**

Type of fees: Annual/ Life

Validity of year if annual: .....

Amount: ..... Receipt No: ..... Date: .....

Treasurer (signature and date) .....

**Issuing the certificate and ID card:**

Specialty of the Professional Fellow: .....

Identification number of the Fellow: FSLIAG/...../.....

Certificate number and issuing date: .....

ID card number and issuing date: .....

General Secretary (signature and date) :

President (signature and date): .....