

SRI LANKA LIBRARY ASSOCIATION
Honorary Fellowship Application Form

1. Personal Data

1.1 Name

a. Rev/Prof/Dr. /Mr./ Ms.

b. Surname:

c. Other Names:

d. Name in Honorary Fellowship Certificate:

1.2. Address: a) Personal:

b) Office:

1.3. Telephone: a) personal:b) office:

1.4 Fax: a) personal:b) office:

1.5 E-mail: a) personal:b) office:

1.6 Web: a) personal:b) office:

2. Membership

2.1 Date of Membership registration:**3.2 Membership No.**.....

2.2 Date of Associateship registration:

3. Work Experience

	<u>Employer/Institute</u>	<u>Designation</u>	<u>year</u>
i			
ii			
iii			
iv			
v			

A - Academic & Professional Qualifications

	<u>Institute</u>	<u>Country</u>	<u>Degree/Diploma</u>	<u>year</u>
i				
ii				
iii				
iv				
v				

B – Professional Commitments -SLLA Key Officer

	<u>Title</u>	<u>Period</u>	<u>Year</u>
i			
ii			
iii			
iv			
v			

Example: Title: President/ Period: 2010/2011/Year: 1
 [Note: The General Sectary should certify above data]

**B – Professional Experiences
 (Contribution to human resources development in LIS)**

	<i>Year</i>	<i>Levels</i>	<i>media</i>	<i>Centre</i>	<i>Total Number of hours (approx.)</i>
i.		I,II,III	E,S,T	C,G,K,J,B	
ii		I,II,III	E,S,T	C,G,K,J,B	
iii		I,II,III	E,S,T	C,G,K,J,B	
iv		I,II,III	E,S,T	C,G,K,J,B	
v		I,II,III	E,S,T	C,G,K,J,B	
vi		I,II,III	E,S,T	C,G,K,J,B	
vii		I,II,III	E,S,T	C,G,K,J,B	
ix		I,II,III	E,S,T	C,G,K,J,B	
x		I,II,III	E,S,T	C,G,K,J,B	

E – English, S-Sinhala, T- Tamil C-Colombo, Galle, K-Kandy, J-Jaffna, B-Batticaloa
 [NOTE: The Education Officer should certify above data]

D – Research Innovation in LIS

Describe and give location:

I certify that information furnished in this form is true and accurate. **Professional Assessment Report (PAR)** is sent separately

Date:

 Signature of Applicant

I certify that and nominate her/his application for the offer of an honorary fellowship.

Date

Signature of Nominee

=====
Date Received..... GS Date acknowledged.....GS
Eligibility checked..... GS Publications checked.....GS
Key officer checked and certified GS
Teaching data checked and certified EO

Evaluation: Area A..... Area B: Area C: Area D:

Signed by: Chairperson Fellowship Committee:.....
Date of Notified to the general membership: -----: Signed by GS:
Date of Approval by the Council: -----: Signed by GS: