



NATIONAL INSTITUTE OF OCCUPATIONAL SAFETY & HEALTH
MINISTRY OF LABOUR AND TRADE UNION RELATIONS

APPLICATION FOR MEMBERSHIP / UPGRADING OF MEMBERSHIP

Paste Passport Size Colour Photograph	For office use only: Date Application Received: _____ Date of the Membership interview: _____ Date of Board Meeting: _____ Category of Membership Approved: _____ Membership No: _____ Date Certificate Issued: _____
--	---

PLEDGE

I, the undersigned hereby make application for admission / for the change of grade in the National Institute of Occupational Safety & Health (NIOSH). I understand that the grade to which I may be selected shall be that deemed by the Governing Council to be appropriate and if elected, I agree to abide by the constitution / By-Laws and the Code of Ethics of the Institute as long as I remain a member of the institute. I confirm that the information regarding my experience and OSH related activities given below are correct to be best of my knowledge.

Date:

Signature of Applicant:

PLEASE FILL THE FORM IN BLOCK LETTERS

PERSONAL DETAILS:		
Surname Dr. / Ms. / Mr.: _____		
Other Names: _____		

Date of Birth: _____	NIC Number: _____	Age: _____
Private Address: _____		

Telephone: _____	Mobile No: _____	
Email: _____		
Official Address: _____		

1. GENERAL EDUCATION (SCHOOL / COLLEGE / UNIVERSITY / POST GRADUATE)

Title of the Examination Passed	Medium	Institute / College	Year

2. TRAINING ON OSH OR SPECIALIZED FUNCTIONS OF OSH MANAGEMENT

Qualifications	Organization / Ins.	Period

3. OTHER TRAININGS AND QUALIFICATIONS

Qualifications	Organization / Ins.	Period

4. IF YOU ARE ALREADY A MEMBER OF THIS INSTITUTE PLEASE STATE GRADE AND THE YEAR OF ENROLMENT.

Part B

5. PREVIOUS EMPLOYMENT RECORD (EXECUTIVE POSITIONS ONLY)

Position Held	Period From –To	Organization	Duties / Responsibilities

6. PRESENT EMPLOYMENT

Position	Period From	Organization	Duties / Responsibilities

7. RECOMMENDATION

Referees: One should be a Senior Manager in your organization who could give information about your present work. If you are applying for the Corporate Membership, it should be signed by CEO / MD.

- 1. Name:

- 2. Address:

- 3. Telephone / Mobile:

- 1. Name:

- 2. Address:

- 3. Telephone / Mobile:

8. ENCLOSED WITH THE APPLICATION:

1. Certified Copies of all Academic & Professional Qualifications.
2. Copies of the Certificates awarded by NIOSH Sri Lanka.
3. Copies of the Service Certificates from previous employers.
4. Letter of recommendation from immediate superior.

FOR OFFICE USE ONLY

To: Governing Council of NIOSH

Dr. / Ms. / Mr.: _____

was assessed by the undersigned on: _____ he / she is recommended for admission to the grade of:

1. Student	
2. Associate	
3. Graduate	
4. Fellow	

INTERVIEW PANEL

Name	Signature
1.	
2.	
3.	

Approved at the Governing Council Meeting Held on: _____

Chairman Signature: _____

Date: _____

Director General Signature: _____

Date: _____

For more information:

Director General,
National Institute of Occupational Safety & Health,
97, Jawatta Road,
Colombo - 05.

Dr. N. C. Amarasinghe – 0774457566
Ramya Jamburegoda – 0777457758
Mohan Perera – 0773956382
Udara – 0772226747

Tel: 011 2 585 425 | 011 2 598 672

email: membership@niosh.gov.lk

Web: www.niosh.gov.lk

