THE INDIAN INSTITUTE OF ARCHITECTS

5th fl, Prospect Chambers Annexe, Dr. D.N. Road, Fort, Mumbai-400001, INDIA
Tel: +91 22 22046972, Fax: +91 22 22832516, email: iiapublication@gmail.com

APPLICATION FOR ELECTION AS ASSOCIATE MEMBER OF IIA [A]

(TO BE FILLED IN WITH BLOCK LETTERS ONLY)

Photo

To,
The Jt. Hon. Secretary
The Indian Institute of Architects
5th Floor, Prospect Chambers Annexe
Dr. D.N. Road, Fort,
Mumbai - 400 001.

Dear Sir,

I,…….wish to nominate my name for election as Associate Member of The Indian Institute of Architects (IIA). I confirm that I have read the constitution, by-laws and the professional code of conduct of the Institute and I undertake that I will be governed and bound by the same and will obey to every part thereof and to any amendments, which may hereafter be made to it from time to time. I shall discharge my duties / obligations as a member to the best of my abilities for promotion of the aims and objectives of the Institute.

Subscription Payment Details: *(Cash will be accepted only at IIA office in Mumbai, against receipt)*

Add ₹.50/- for For non-multicity cheques

As per the revised Fee structure - w.e.f. 1st August, 2013, I enclose herewith a sum of:

☐ **₹ 2,000/-** (**₹ 1,000/-** being the Entrance Fee **+ ₹ 1,000/-** being Current Year's subscription)

OR

☐ **₹ 11,000/-** (**₹ 1,000/-** being the Entrance Fee **+ ₹ 10,000/-** being the Life Time Deposit.) In the case of ceasing of my membership, I nominate / authorize the IIA to transfer my Life Time deposit into the IIA Corpus fund.

☐ cheque *(Multicity cheque for outstation)* ☐ D.D.no. ☐☐☐☐☐☐☐☐☐☐ dt. ☐☐ ☐☐ ☐☐

of ₹ ☐☐☐☐☐ drawn on ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ in favour of **"The Indian Institute of Architects" payable at Mumbai.** I agree that, if I am not elected as an Associate Member, I shall get the money refunded after deduction of ₹ 300/- towards administration charges.

Personal Information:

Name (As appearing on my graduation certificate):

First Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Middle Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Last Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

(In case of change of my name I shall attach the necessary legal documents, as required by IIA.)

Gender: ☐ Male / ☐ Female Date of Birth : ☐☐ ☐☐ ☐☐☐☐

Contact Information:

Telephone: Off. ☐☐☐☐☐☐☐☐☐☐☐☐ Mobile_1: ☐☐☐☐☐☐☐☐☐☐☐

Resi. ☐☐☐☐☐☐☐☐☐☐☐☐ Mobile_2: ☐☐☐☐☐☐☐☐☐☐☐

Email_1: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Email_2: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Res. Address

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State: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

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	Year of	Name & Address of Institute
Joining		
Passing		

Other qualifications if any, with name & address of Institution / University and year of passing:-
(Attach additional sheets if required)

Work Experience, if any:
Title of the firm (if practicing)
Address of the office / Department / Organization in which the applicant works

	Designation

Registration & Membership Details:

Registration number of Council of Architecture: CA/
(I enclose attested copy of up-to-date COA certificate)

My earlier IIA Membership No. (If any):

N.B.: The information about Mobile No. and Email id's will be considered as official record. All official correspondence including Ballot papers, News letter, JIIA etc, will be sent on this address. Any change in mobile no. and email id's shall be communicated to IIA, Head Office immediately. The correspondence, communication done on the mobile no. and email id's in records will be treated as official communication.

Enclosures : I enclose attested copies of following:

1.	Attested copy of the graduation / equivalent qualification certificate	2.	Attested copy of the valid COA Registration certificate
3.		4.	
5.		6.	

(Attach separate list, if required)

Date: **Place:**_____ **Applicant's Signature**

Endorsements: My application is duly endorsed by **three Members of IIA** out of which one is a **Fellow Member** as below:
We are acquainted with Mr./Mrs./Miss ……and
from our personal knowledge of him/her, we propose him/her for election as an **Associate Member of IIA.**

1. Ar. F Sign …….
2. Ar. A Sign …….
3. Ar. A Sign …….

FOR OFFICE USE ONLY

Graduation Certificate Enclosed : ☐ Yes ☐ No Applicable fees paid : ☐ Yes ☐ No
Passed from Affiliated College by IIA : ☐ Yes ☐ No COA Certificate enclosed: ☐ Yes ☐ No
Council Approval date: No. of total enclosures received:

Membership No. if allotted:

Remark of Council if rejected: ……

Jt. Hon. Secy.	C.E.O.	A.O.