





# THE INDIAN INSTITUTE OF ARCHITECTS

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

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**Work Experience, if any:**

Title of the firm (if practicing) / Address of the office / Department / Organization in which the applicant works

	<b>Designation</b>
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**Registration & Membership Details:**

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

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**My earlier IIA Membership No.** (If any):

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**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, JIA 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 details of works designed and supervised, bio-data and enlisted the enclosures below:

1. <table border="1" style="width: 300px; height: 25px;"></table>	2. <table border="1" style="width: 300px; height: 25px;"></table>
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(Attach separate list, if required)

**Date:**

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**Place:** \_\_\_\_\_

**Applicant's Signature**

**Endorsements:** My application is duly endorsed by **three Fellow Members of IIA** as below:

We are acquainted with Ar. ....and from our personal knowledge of him/her, we propose him/her for election as a **Fellow Member of IIA.**

1. Ar. <table border="1" style="width: 250px; height: 25px;"></table> F <table border="1" style="width: 150px; height: 25px;"></table> Sign .....
2. Ar. <table border="1" style="width: 250px; height: 25px;"></table> F <table border="1" style="width: 150px; height: 25px;"></table> Sign .....
3. Ar. <table border="1" style="width: 250px; height: 25px;"></table> F <table border="1" style="width: 150px; height: 25px;"></table> Sign .....

## FOR OFFICE USE ONLY

Associate Membership No. : **A**



 Applicable fees paid:  Yes  No

Year of joining IIA : 



 COA Certificate enclosed:  Yes  No

Council Approval date : 



 No. of total enclosures received:

Membership No. if allotted:

Remark of Council if rejected: .....

<b>Jt. Hon. Secy</b>

<b>C.E.O.</b>

<b>A.O.</b>