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 FELLOW MEMBER BY AN ASSOCIATE MEMBER OF IIA

(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,……am an Associate Member and wish to nominate my name for election as Fellow 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 HO at Mumbai, against receipt)*

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

☐ ₹ **4,000/-** (₹ **2,000/-** being the Entrance Fee + ₹ **2,000/-** being Current Year's subscription**)**

OR

☐ ₹ **22,000/-** (`₹ **2,000/-** being the Entrance Fee + ₹ **20,000/-** being the Life Time Deposit) In case of ceasing of my membership, I nominate / authorize the IIA to transfer my Life Time deposit into the IIA Corpus fund.

❖ ***Add GST @ 18% on the amount payable***

☐ 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 a Fellow Member, I shall get the money refunded after deduction of ₹ 500/- 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.
Email_1:

Res. Address

State: Pin Code:

Associate Membership Details:

Associate No.: **A -**

Year of election:

I enclose copy of the self attested graduation certificate.

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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: C A / / /
(I enclose attested copy of up-to-date COA certificate)

My earlier IIA Membership No. (If any): A –

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 bio-data and details of works designed and supervised with drawings/photographs :

1. 2.
3. 4.
5. 6.

(Attach separate list, if required)

DECLARATION :

I hereby declare :

(a) That I will be generally engaged in the profession of Architecture, and will not engage in any other vocation or profession which will jeopardize or prejudice the Architects' professional standing or interfere in the general practice of Architecture.

(b) That I will not accept trade or other discounts, or give or accept any illicit or surreptitious commissions or emoluments, in connection with any work, the execution of which I may be engaged to superintend, or on which I may be employed under any person, or with any other professional business which may be entrusted to him.

(c) That I have read the Constitution and Bye-Laws of the Institute and will be governed and bound thereby, and will submit myself to every part thereof and to any alteration which may hereafter be made, until I cease to be a member thereof.

Date: **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. F Sign …….
2. Ar. F Sign …….
3. Ar. F 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: ……

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