THE INDIAN INSTITUTE OF ARCHITECTS

Examination Department: Plot No. 105, Sector- 15 CBD Belapur (East), Navi Mumbai 600614.

Tel.022-27563901,022-27561805 Email- <u>iiaexam@gmail.com</u> website- <u>www.indianinstituteofarchitects.com</u>

APPLICATION FORM FOR THE STUDENTS MEMBERSHIP OF THE IIA SCHEME OF EXAMINATION-2014 AND ONWARDS.

requi date (COA	cordance with the decision of ired to complete the IIA course for the IIA course of examination. This directive will be applicated.	e of examination within a max ation, in adherence to the no able to all student enrolments	imum period of commencing	of <u>10 years</u> from their ed by the Council of from 1 January 2024.	enrolment Architects	Fixed dated Photograph duly authenticated by the employer. Two identical photographs			
Dr	awn on the Bank e DD should be in the fav		D.D No	dated	I .	be forwarded along with this form.			
1. Na	nme of the Applicant: Mr./M	rs./Ms							
2. a)	2. a) Father's Name: Mr.								
b)	Mother's Name: Mrs.								
3. Ad	Idress for Correspondence _								
	_	City		Pin		State			
4. M	obile No	Landline (with STD	Code)						
en	nail								
5 . Da	ite of Birth: Date	Yea	r						
6 . Ed	ucational Qualifications:								
Sr.			Year of	Marks Obtained					
No.	Name of Exam.	Board/Institute	Passing	of Max. Marks	Percenta	ge Remarks			
1	10th Matric			Overall					
2	10+2 /Inter								
3	Diploma in Architectural Assistantship								
4	Diploma in Interior Design								
5	Diploma in Civil Engineering								
6	NATA Qualified	COA		Valid up to					
7. To	Diploma must be 3 Year Full Petal Working Experience at ote: If Diploma in Architectur. Civil Engineering is done after	iter Passing Diploma:al Assistantship is done after		/ears hen 1-year practical	_Months.				
8. En	nployment Details:								
Sr. No.	Name & Addr	ress/s of Employer/s		From	То	Designation			
1.									

(Note: The Architect Employer must be registered with COA & the member of IIA in good standing)

UNDERTAKING

Ι_	(NAME) the undersigned wish to become the student						
me	mber of IIA Scheme of Examination-2014 duly approved by the Council of Architecture(COA) vide letter no.						
CA	A/5/Academic-IIA dated 14th October, 2014 and I also hereby undertake to abide by rules and regulations govern						
the	e said scheme time to time. The information given by me is true to the best of my knowledge and belief, and I						
und	derstand that giving false information may lead to cancellation of my candidature at any stage.						
Dat	te: Signature of the Candidate						
	IMPORTANT INSTRUCTIONS						
Exa The Plo	Attach Bank D.D (except Co-Operative Banks) of Rs. 7,500/- for one time student membership. Attach Appointment letter and Employers Certificate as per Annex. — I. Attach attested copies of the working experience certificate in Architectural work from previous employers, if any. Use additional sheets for more details. Attach copies of Marks sheets and certificates of 10th standard, 10 + 2 standard, Diploma & NATA duly attested by the Employer. Paste One Passport size photograph on application duly attested by the employer Architect and attach two additional copies. Attach photo copies of Employer's COA and IIA membership certificates, self-attested by him. Controller of Examination institute Of Architects t No. 105, Sector — 15, D. Belapur (East), Navi Mumbai — 400 614.						
	For Office Use Only						
1.	All relevant papers submitted by the applicant are verified and checked						
2.	The application is accepted / rejected						
3.	Checked by:						
Sig	nature of Controller of Examination.						

CERTIFICATE FROM THE PRESENT EMPLOYER

in my/our office/organization as ______ since _____ and is a regular full-

has been working

To

The Controller of Examinations

Examination Department The Indian Institute of Architects Plot No. 105, Sector – 15, CBD Belapur East, Navi Mumbai – 400 614.

This is to certify that Mr./Mrs./Ms.

time employee in our office/organization. His / Her present Salary is Rs per							
month.							
until he/she i	cilities for studies and leave for appear	-					
All the releving profollowing profollowing profole and the relevant to the rel	vant records of his/her employment a ojects:	are maintained by us. He/sh	e is presently working on the				
Sr. No.	Project	Nature of Involvement	Remarks of employer				
1.							
2.							
3.							
4.							
5.							
Date :		Signature of the present	Employer				
Seal of the Em	ployer Office-						
Name of the p	present Employer						
AIIA/FIIA No COA Registration							
Address:							
Ph. No.:	Fax:	email:					
Note:							

- Employer to attach self-attested copies of IIA membership Certificate.
- The Employer shall be responsible for furnishing correct and up-to-date information regarding the employment and experience of the Candidate.
- The Employer shall be responsible for informing the Institute in case of discontinuation of employment of the candidate with him for any reason whatsoever.
- Use additional sheets for more details about the work experience, if required.