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

1. **Name of the Applicant:** Mr./Mrs./Ms.,

2. a) **Father’s Name:** Mr.,
   b) **Mother’s Name:** Mrs.,

3. **Address for Correspondence**, Pin

4. **Mobile No.**
   **Land line (with STD Code)**

5. **Date of Birth:** Date _______ Month ___________ Year _________

6. **Educational Qualifications:**

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Name of Exam.</th>
<th>Board/Institute</th>
<th>Year of Passing</th>
<th>Marks Obtained of Max. Marks</th>
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<th>Remarks</th>
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<tbody>
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<td>10th Matric</td>
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<td>2.</td>
<td>10+2 /Inter</td>
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<td>3.</td>
<td>Diploma in Architectural Assistantship</td>
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<td>4.</td>
<td>Diploma in Interior Design</td>
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<td>5.</td>
<td>Diploma in Civil Engineering</td>
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<td>6.</td>
<td>NATA Qualified</td>
<td>COA</td>
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<td>Valid up to,........</td>
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</table>

(Note: Diploma must be 3 Year Full Time Diploma with minimum 50% marks awarded by State Govt. or State Board of Technical Education.)

7. **Total Working Experience after Passing Diploma:** ———— Years ———— Months
   (Note: If Diploma in Architectural Assistantship is done after passing 10+2 then 1 year practical experience otherwise 2 years. If Diploma in Civil Engineering is done after 10+2 then 2 years practical experience otherwise 3 years.)

8. **Employment Details:**

<table>
<thead>
<tr>
<th>Name &amp; Address/s of Employer/s</th>
<th>From</th>
<th>To</th>
<th>Designation</th>
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<tbody>
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(Note: The Architect Employer must be Registered with COA & the member of IIA in good standing)

**UNDERTAKING**

I __________________________ (NAME) the undersigned wish to become the student member of IIA Scheme of Examination-2014 duly approved by the Council of Architecture(COA) vide letter no. CA/5/Academic-IIA dated 14th October, 2014 and I also hereby undertake to abide by rules and regulations governing the said scheme time to time. The information given by me is true to the best of my knowledge and belief, and I understand that giving false information may lead to cancellation of my candidature at any stage.

**Date:** _____________

Signature of the Candidate

See Important Instructions on reverse also
Important Instructions

- Attach Bank D.D (except Co-Operative Banks) of Rs. 5,000/- for one time student membership.
- Attach Appointment letter and Employers Certificate as per Annex. – II.
- 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.

The Controller of Examination
Examination Department,
The Indian Institute Of Architects
Plot No. 105, Sector – 15,
C.B.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: ________________________________

4. Signature of Controller of Examination
CERTIFICATE FROM THE PRESENT EMPLOYER

To

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

This is to certify that Mr./Mrs./Ms. ___________________________________________________________________________ has been working in my/our office/organization as ______________________________________________________________________ since ________________ and is a regular full-time employee in our office/organization.

His/Her present Salary is Rs. __________________________________________________________________________ per month.

Necessary facilities for studies and leave for appearing at the IIA Examination will be made available to him/her until he/she is in our regular employment.

All the relevant records of his/her employment are maintained by us. He/she is presently working on the following projects:

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Project</th>
<th>Nature of Involvement</th>
<th>Remarks of employer</th>
</tr>
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<tbody>
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</table>

Date: ________________________________________________________________________________________

Signature of the present Employer

Name: _______________________________________________________________________________________

AIIA/FIIA No. __________ COA Registration __________

Seal of Office: ______________________________________________________________________________

Address: __________________________________________________________________________________

Ph: ____________________________________________________________________ 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.