

## THE INDIAN INSTITUTE OF ARCHITECTS

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Website: www.indianinstituteofarchitects.com

## **APPLICATION FORM FOR PART-I EXAMINATION**

Registration No:			Roll No:
(To be filled by the student)		(	(To be filled by the Exam De
			Paste here photographs and get attested by Employer Architect.
-o,			
The Controller of Examinations, The Indian Institute of Architects.		(Se	nd two additional photogra
Sir / Madam,			
hereby submit my application to appear for the P	Part-I Examination under	, The Indian Institute of A	rchitects, Examination
			res are as follows.
Scheme - 2014 to be scheduled for June/Decemb	ber 20 and my pi iumbai, Delhi, Chandigai	eferred examination cent  2 h, Lucknow, Kolkata, Mys	res are as follows sore, Kochi, or Chennai. The
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	Address of the Employer Architect	Period of Employment		
		From to		
		FromTo		
ereby declare that the statements made in the applic abide by the rules prescribed by The Indian Institute		ny knowledge and belief and I agre		
Place Date:		Signature of applicant		
Encl.: i) The passport-size photograph should be p	laced in the specified area and attested l	by the employer architect.		
Two more copies of stamped size photogra	aphs to be sent with this application for at	ffixing on the Attendance Roll.		
ii) Attach photo copy of last appeared Part- I,	mark sheet, if reappearing for the Exam			
iii) Attach Copy of IIA Membership Certificate	e and updated copy of COA Registration	of the Employer Architect.		
EXPERIENCE CERTIFICATE IN ARCHITECT	URAL WORK TO BE GIVEN BY PRES	SENT EMPLOYER ARCHITECT		
Лг./Mrs./Ms	has bee	n employed with our organization		
ince He / She currently holds th	e position of	All relevant employment		
ecords pertaining to him/her are properly maintained		. ,		
occide portalining to illininier and properly illianitation	. 5, 45.			
Necessary facilities for study and for appearance at t	he IIA Fxam will be offered to him/her u	ntil he/she is in our employment		
toossaa, lasiinise isi otaa, aha isi appealahee att	TO THE Exam, This so one for to this proof, a	man nezerie ile im edit empleyment,		
Date	Signature of the Employe	Signature of the Employer Architect		
Date	Name of the Employer A	robitoot		
		ronneot		
Place Seal of the office & Address	IIA Membership Number			
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<ul> <li>Students must remain employed under a COA mentioned updated employer certificates for each a hold on your enrollment.</li> <li>A Student shall be debarred from appearing or each and a student shall be debarred.</li> </ul>	and IIA registered architect throughou exam or whenever requested by the IIA	t the AllA course and submit Failure to comply may result in		
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5) Year and date of Birth of candidate ...... (DD/MM/YYYY)