

THE INDIAN INSTITUTE OF ARCHITECTS

Examination Department: Plot No. 105, Sector- 15 CBD Belapur (East), Navi Mumbai 400614.

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Website: www.indianinstituteofarchitects.com

APPLICATION FORM FOR PART-II EXAMINATION

Registration No:	oll No:
(To be filled by the student)	(To be filled by the Exam Dept.
	Paste here photographs and get attested by Employer Architect.
To, The Controller of Examinations,	
The Indian Institute of Architects.	(Send two additional photograp
Sir / Madam,	
I hereby submit my application to appear for the Part-II Examination under, The Indian Instit	tute of Architects, Examination
Scheme - 2014 to be scheduled for June/December 20 and my preferred examination	
1 2	
(Please select 2 preferred exam centres from Mumbai, Delhi, Chandigarh, Lucknow, Kolkata	
establishment of exam centres in Mysore, Kochi, and Chennai will be done at give below the required particulars and enclose Examination fee of Rs	way of Bank D.D. issued in favour
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	IIA Membership Number half after Passing Part I Exam or if reappearing a IIA registered architect throughout the AIIA whenever requested by the IIA. Failure to construct the subsequent examinations or his/her stude alleading information to obtain studentship or sination or in the preparation and submission	course and submit mentioned nply may result in a hold on your ntship will be cancelled permanently appear for the exam.	
Place Seal of the office & Address NOTE 1) Students may apply for the Part II Examination of 2) Students must remain employed under a COA and updated employer certificates for each exam or we enrollment. 3) A Student shall be debarred from appearing one of the control of the con	IIA Membership Numbe	ng due to a previous failure in Part II course and submit mentioned nply may result in a hold on your	
Place Seal of the office & Address NOTE 1) Students may apply for the Part II Examination or 2) Students must remain employed under a COA and updated employer certificates for each exam or w	IIA Membership Numbe	ng due to a previous failure in Part II course and submit mentioned	
Place Seal of the office & Address		r	
		r	
Date	Name of the Employer A		
	0.g	Name of the Employer Architect	
	Signature of the Employ	er Architect	
Necessary facilities for study and for appearance at	the IIA Exam, will be offered to him/her, u	ıntil he/she is in our employment,	
relevant employment records pertaining to him/her a			
Mr./Mrs./Ms		• •	
EXPERIENCE CERTIFICATE IN ARCHITECTUR			
Two more copies of stamped size photog ii)Attach photo copy of last appeared mark iii) Attach Copy of IIA Membership Certifica		ring for the Exam.	
Encl.: i) The passport-size photograph should be	•		
Place Date:		Signature of applicant	
hereby declare that the statements made in the appagree to abide by the rules prescribed by The Indian		of my knowledge and belief and	
		FromTo	
		From to	
Name of the present / past Employer Architect	Address of the Employer Architect	Period of Employment	
	ed under an architect who is registered wi	th COA, is an IIA member, and h	
Provide details of your practical experience gains at least five years of professional experience.		•	
9) Provide details of your practical experience gains	Contact	No. of Jury:	
Provide details of your practical experience gains			

Date: -

CONTROLLER OF EXAMINATION, IIA