THE INDIAN INSTITUTE OF ARCHITECTS

APPLICATION FORMAT FOR VERIFICATION OF MARKS

Date:

To,
The Controller of Examinations, The Indian Institute of Architects Plot No.105, Sector-15, CBD Belapur East, Navi Mumbai - 400614.
Sir,
Sub: Verification of Marks.
Iappeared for Part I/II/III/IV Group-A Examination in the month of
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34.
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I enclosed a scheduled bank D.D. bearing no
Thanking you,
Yours faithfully,
(Signature)
(Name of the student):
Address :
Pin Code :
Cell No :
E-mail :