



THE INDIAN INSTITUTE OF ARCHITECTS

Prospect Chambers Annexe, Dr. D.N. Road, Fort, Mumbai - 400 001, T. 22046972, F 22832516, Email: iaa@vsnl.com

APPLICATION FOR FELLOW MEMBERSHIP BY AN ASSOCIATE MEMBER OF IIA

FORM - II

The Jt. Hon. Secretary
The Indian Institute of Architects
5th, Floor, Prospect Chambers Annexe
Dr. D.N. Road, Fort
MUMBAI - 400 001.

OFFICE INWARD STAMP

Dear Sir,

I,.....am an Associate member and wish to submit my name for election as Fellow Member of The Indian Institute of Architects (IIA). I also undertake that I will continue to be governed and bound by the Constitution, bye-laws, the professional code of conduct of the Institute, and will submit myself to every part thereof and to any alterations which may thereafter be made until I cease to be a member, and that by every lawful means in my power, I will advance the interest and objects of IIA.

I enclose herewith a sum of :-

Rs. 2,250/- (Rs. 1250/- being the amt. of entrance fee & Rs. 1000/- being the current year's subscription)

OR

Rs. 17,250/- (Rs. 1,250/- being the entrance fee, Rs. 1,000/- being the current year's subscription and Rs. 15,000/- being the One Time Deposit) and I will not be required to pay annual subscription till further revision by IIA.

I enclose a Cheque D.D.No.....dated.....

Drawn on..... Bank, ofBranch, in favour of "The Indian Institute of Architects" payable at Mumbai. In case I am not elected as a Fellow member of the Institute this money will be returned to me after deducting Rs. 500/- as administrative charges.

For outstation Cheques add Rs. 50/-. Cash will be accepted only at IIA Office in Mumbai, against receipt

Name in block letters as per qualifying examination certificate	Surname	First Name	Middle Name
Mr. Mrs. Miss.

For change of name attach *attested copy of Marriage Certificate or other relevant document.

Date of Birth	Tel. O.....R.....M.....	
D.....M.....Y.....	Fax :.....email.....	
Address PIN.....	
Associate Membership details	Associate number	Year of election as Associate
	A.....

Other qualifications if any, with name & address of Institution / University and year of passing :- (Attach additional sheet if required)		
Council of Architecture Registration number CA/.....Please attach*attested copy of upto date certificate		
Title, Address of Practice, Office Department/Institution in which the applicant works		Position held

Please enclose details of works designed and supervised, biodata and enlist the enclosures below :

List of enclosures

1.

2.

3.

4.

Applicant's Signature

Dt..... Place.....

This application should be endorsed by **three Fellow Members of IIA.**

*Copies of certificates may be attested by one of the Fellow Members who is endorsing this application or a gazetted officer

We are acquainted with Ar.....
and from our personal knowledge about him/her, we propose him/her for election as a **Fellow Member of IIA.**

1. Ar. F Sign

2. Ar. F Sign

3. Ar. F Sign

FOR OFFICE USE ONLY

Associates membership number A.....	Year of joining IIA	COA Certificate enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No
Payment details, Amount Rs..... <input type="checkbox"/> Cheque <input type="checkbox"/> D.D. <input type="checkbox"/> Cash Receipt No..... Dated.....	All documents, enclosures as mentioned in the form are in order <input type="checkbox"/> Yes <input type="checkbox"/> No Approved for Consideration at COM on..... Staff..... A.O.....	Total no. of enclosures Jt. Hon. Secy.
<input type="checkbox"/> Rejected by council <input type="checkbox"/> Clarification asked for and to be put up at COM on.....	<input type="checkbox"/> Approved by council on..... <input type="checkbox"/> Jt. Hon. Secy.	Membership no.allotted