



THE INDIAN INSTITUTE OF ARCHITECTS

Prospect Chambers Annexe, Dr. D.N. Road, Fort, Mumbai - 400 001, T. 22046972, F 22832516, Email: iia@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. 1250/-** being the amount of entrance fee, **Rs.1000/-** being the current years subscription and **Rs.15000/-** 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, 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 Mr. Mrs. Miss.	First Name	Middle Name
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For change of name attach *attested copy of Marriage Certificate or other relevant document.

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

Other qualifications if any, with name & address to 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.....from our personal knowledge of him/her, and 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	Total no. of enclosures
	Approved for Consideration at COM on..... Staff..... A.O.....	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