

# THE INDIAN INSTITUTE OF ARCHITECTS

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Date of Registration as fellow : \_\_\_\_\_

Residential Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Pin Code \_\_\_\_\_

Office Address \_\_\_\_\_

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Address for Communication Tick Appro : R  O

Tel No. : \_\_\_\_\_ Res.: \_\_\_\_\_ Office \_\_\_\_\_ Fax \_\_\_\_\_

Mobile : \_\_\_\_\_ Email : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Qualifications : \_\_\_\_\_

Degree/Diploma	Name of Institution	Year of Passing
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Specification if any: \_\_\_\_\_

\_\_\_\_\_

Membership of Professional Institute : \_\_\_\_\_

\_\_\_\_\_  
Signature

Date :