

PART-IV-B

APPLICATION FORM FOR PART -IV(GROUP-B) EXAMINATION
TO BE FILLED BY THE STUDENTS AFTER PASSING PART-IV(Gr.-A) EXAMINATION

Registration No.
(To be filled by the student)

Roll No.
(To be filled by Exam. Deptt.)

THE INDIAN INSTITUTE OF ARCHITECTS
Exam. Dept., Plot No. 105, Sector-15, C.B.D. Belapur (East), Navi-Mumbai-400 614.
Tel. No. 27563901/27561805., E.mail : iaexam@gmail.com, web site: www.indianinstituteofarchitects.com

The Controller of Examinations,
The Indian Institute of Architects.

Title of the approved Thesis : -

.....

Name of the Guide : -

Paste here your own
photographs and get
attested by Architect
Employer

(send two additional photographs)

Sir/Madam,

I request permission to appear at the Part-IV(Gr.-B)Examination under Scheme of Examination of 2014 of the Indian Institute of Architects to be held in the month of June/Dec.....,.....20
(Exam. Centre will be either Delhi or Mumbai and will be declared two months in advance)

I give below the required particulars and enclose Examination fee of Rs.-/- by way of Bank D.D. issued in favour of IIA payable at Mumbai, bearing No..... DatedBank
(Exam., Fee is Rs, 8000/-. If re-appearing not more than 2 subjects then Rs. 4000/-)

- 1) Name of the Candidate in full Mr/Mrs/ Miss.....
(first name)(middle name)(surname)
- 2) Father's Name /Husband's Name.....
- 3) Present address
- E.mail Mobile No
- 4) Permanent address
- 5) Year and date of Birth of candidate/...../.....
(date)(month)(year)
- 6) The Part-IV (Group-A)Passed in June/December ... (Attach photo copy of passing marksheet duly attested by employer Architects.)
- 7) Have you appeared for any I.I.A. Part-IV(Group-B) Exam in past ? If yes , attach photo copy of latest mark-sheet.

8) Details of practical Experience with Registered Architects and who is the Member of the IIA, in good standing and having a minimum five years professional experience.

Name of Architect Employer	Address of the Architect Employer	
(Present)		Since
		From
(Previous)		FromTo.....
		FromTo.....

I hereby declare that the statements made in the application are true and correct to the best of my knowledge and belief and I agree to abide by the rules prescribed by the Indian Institute of Architects, time to time.

Yours faithfully,

Place

Date :

Signature of applicant

Encls.. i) A passport size photograph must be affixed in the space provided duly attested by the Employer Architect.

Two more copies of stamped size photographs be sent with this application for affixing on the Attendance Roll.

ii) Attach photo copy of passing marksheet of Part-IV (Group-A)**OR** Part-IV(Group –B) in case of repeater.

iii) Attach Copy of IIA Membership Certificate and latest copy of COA Registration of the Employer Architect.

EXPERIENCE CERTIFICATE IN ARCHITECTURAL WORK TO BE GIVEN BY PRESENT EMPLOYER ARCHITECT :

Mr./ Ms..... is presently working in my/our organization since

as and all the relevant records of his/her employment are maintained by us.

(Job designation)

Necessary facilities for study and for appearance at the I.I.A. Exam., will be offered to him/her, until he/she is in our employment,

Seal of the
Office and
address

Date :-

Signature and Name of the employer Architect

IIA Membership No.....

Place:-.....

Note: 1) It is mandatory that every candidate has to work with Regd. Architect and who is Member of IIA till completing the IIA course of Exam and every time the student has to submit fresh Certificate of experience from Architect employer on appearing examinations or on demand by IIA.

9) A Student shall be debarred from appearing one or subsequent examinations or his/her studentship will be cancelled permanently at any stage if it is revealed that:-

(i) *He/She has willfully supplied or caused to supply incorrect or fraudulent information for gaining Studentship / appearing for examination.*

OR

(ii) *He/She has used unfair means at an examination or in the preparation and submission of Design Project/ Portfolio/ Architectural Dissertation Work/ Appraisal Project/ Testimonies etc.*

OR

(iii) *He/She ceases to acquire Practical experience during his/her Studentship.*

(FOR OFFICE USE ONLY)

Registration No.

Application Accepted/Not Accepted

Checked by

CONTROLLER OF EXAMINATION, IIA

Date :-

