



PAKISTAN COUNCIL OF ARCHITECTS AND TOWN PLANNERS

Application for registration as Architect

Please apply to: The Registrar
Pakistan Council of Architects and Town Planners
R.S.M. Square, 1st Floor, Suite No. 111
E-1, Shaheed-e-Millat Road
Karachi

(Photograph)

BLOCK CAPITALS.

PLEASE USE BLACK INK

1. I hereby apply for registration as Architect Under the provisions of Pakistan Council of Architects and Town Planners Ordinance, 1983.

Full Name _____
Forename Surname

Father's / Husband's Name _____

Date of Birth _____ Nationality _____ Religion _____

National Identity Card No. _____ Date _____ Place of Issue _____

2. Present employers' Name and Address/ Self-Employee's office address

 Tel. No. _____

Home Address

 Tel. No. _____
 Mobile . . _____
 Email . . _____

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Tick where correspondence should be sent

3. Present Appointment

Title _____ Date commenced _____

Scope of Responsibilities: _____

4. Past Appointments

Dates	Employer	Description of Post
From _____ to _____	_____	_____
From _____ to _____	_____	_____
From _____ to _____	_____	_____

5. **Education**

Dates	Certificates, Diplomas or Degrees Awarded	University / Board
From _____ to _____	_____	_____
From _____ to _____	_____	_____
From _____ to _____	_____	_____

Note: Please fill in your educational qualifications – academic as well as professional – from Matriculation onward

6. **Licenses held**

Dates	Licensing Body
From _____ to _____	_____
From _____ to _____	_____
From _____ to _____	_____

7. **Membership of Professional Bodies**

Body	Grade of Membership	Date Admitted	Whether by Examination
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**APPLICANTS
SHOULD
CAREFULLY
READ THIS
DECLARATION**

I (full name) _____
hereby solemnly declare that the particulars given on this form are true and correct in every respect and that if registered, I undertake to be bound by the PCATP Ordinance 1983, Bye-laws of the Council, the code of Professional Conduct, rules and regulations of the Council and by any amendments/alterations/additions which may thereto any time be made.

I further solemnly declare that:

- (a) I have never been convicted of any offence as implies a defect of character;
- (b) I have never been found guilty of infamous conduct in professional respect; and
- (c) I am not unfit to practice on any other ground, including mental ill health.

Place:

Date:

Signature of Applicant

INSTRUCTIONS FOR APPLICANTS

ATTENTION OF THE APPLICANTS AND THOSE ATTESTING THE FORM AND DOCUMENTS TO BE ENCLOSED BY THE APPLICANTS WITH THE FORM IS DRAWN TO SUB-SECTION (2) OF SECTION 28 OF THE PAKISTAN COUNCIL OF ARCHITECTS AND TOWN PLANNERS ORDINANCE, 1983, WHICH READS AS FOLLOWS:

“WHOEVER WILFULLY PROCURES OR ATTEMPTS TO PROCURE HIMSELF TO BE REGISTERED UNDER THIS ORDINANCE AS AN ARCHITECT OR TOWN PLANNER, OR TO HAVE HIS NAME ENTERED IN EITHER OF THE LISTS, BY MAKING OR PRODUCING OR CAUSING TO BE MADE OR PRODUCED ANY FALSE OR FRAUDULENT REPRESENTATION OR DECLARATION, EITHER ORALLY OR IN WRITING, AND ANY PERSON WHO ASSISTS HIM THEREIN, SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO FIVE HUNDRED RUPEES.”

Application forms are available on PCATP website, <http://www.pcatp.org.pk/>, or from the Registrar, Pakistan Council of Architects and Town Planners, R.S.M. Square, 1st Floor, Suite No. 111, E-1, Shaheed-e-Millat Road, Karachi. This Application Form will be filled up by those applicants who possess recognized architectural qualifications as given in Schedules I and II of the Pakistan Council of Architects and Town Planners Ordinance, 1983. The PCATP Ordinance with Schedules I and II, the Bye-laws of the Council, the code of Professional Conduct, rules and regulations of the Council have been published in the Hand Book available on our website.

The Form should be filled in neat eligible hand or typed and sent by Registered Post or hand delivered to the Registrar, Pakistan Council of Architects and Town Planners, R.S.M. Square, 1st Floor, Suite No. III, E-1, Shaheed-e-Millat Road, Karachi, along with the following documents

1. A Photostat copy of the professional diploma / degree duly attested by the concerned Registrar of respective Technical University / Head of Architectural Institution. **It must be clear that not any individual except those mentioned above are authorized to verify the professional diploma / degree.**
2. “Provisional Certificate”, is absolutely not acceptable for registration.
3. A Photostat copy of the Computerized National Identity Card.
4. Three latest passport size photographs – one should be pasted on the form, one pasted on Index Card and one spare should be stapled to the form.
5. Registration Index Card annexed to the application should also be filled up except the entries on its left hand top corner and returned with the form with latest Passport size photograph pasted in the space provided and specimen signature duly attested by a Grade 18 Officer of the Federal or Provincial Government or by a Member of the Executive Committee of the Pakistan Council of Architects and Town Planners.

Registration and Form processing Fee of Rs. 2150/- (Rupees one thousand one hundred and fifty only) must be submitted in cash (for Karachi only) or the form of **crossed Pay Order / Bank Draft** payable at any branch of a scheduled bank in Karachi and made out in the name of **“PAKISTAN COUNCIL OF ARCHITECTS AND TOWN PLANNERS”**.

Registration No. _____

Date of Registration _____

Application No. _____



**PAKISTAN
COUNCIL OF
ARCHITECTS
AND
TOWN PLANNERS**

BLOCK CAPITALS. PLEASE USE BLACK INK.

1. Full Name _____

Forename

Surname

2. Father's Husband's Name _____

3. Address for correspondence _____

Tel. No. (Off) _____ Res. _____

Fax No. _____ E-Mail No. _____

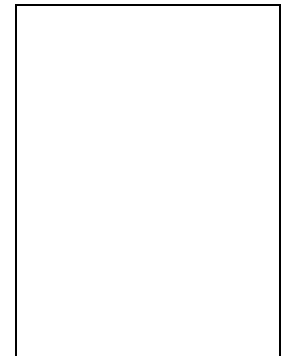
4. Basic recognized professional qualification _____

5. Name of Institution _____ Passing year _____

6. Firm's Name, if any _____

7. Specimen Signature _____

8. N.I.C No. _____ Date _____ Place of Issue _____



ATTESTED BY:
Signature & Stamp of
Attesting Person

PAKISTAN COUNCIL OF ARCHITECTS AND TOWN PLANNERS

MEMBER INFORMATION CARD

I ESSENTIAL INFORMATION

- A. NAME: _____ PCATP REG. NO.
- B. MAILING ADDRESS: _____
- C. TEL: (W) _____ (R) _____
- D. FAX: _____ N.I.C. NO. _____
- E. INSTITUTION (FROM WHERE GRADUATED) _____
- F. SESSION FROM: _____ YEAR _____
- G. HIGHER QUALIFICATION: _____ YEAR _____
- H. INSTITUTION/S _____
- I. AFFILIATIONS _____

3 Coloured
Passport Size
Photographs

Paste 1

Attach 2

II ADDITIONAL INFORMATION

01. Blood Group _____
02. Name and Location of Key Projects completed (List Max. Five)
- 2.1 _____
- 2.2 _____
- 2.3 _____
- 2.4 _____
- 2.5 _____
03. Specializations
- 3.1 _____
- 3.2 _____
- 3.3 _____
04. Place of Service / Designation
- 4.1 Private Practice Address _____
- 4.2 Self Employed Address _____
- 4.3 Govt. Employed Name / Address _____
- 4.4 Employed in Private firm Name / Address _____
- 4.5 Unemployed Would like to work for _____
05. Father's Name _____
06. Marital Status Married Unmarried Divorced
07. Spouses Name _____
- 7.1 Spouses Occupation _____
08. Children 8.1 Sons _____ 8.2 Daughters _____
09. Hobbies _____

Mail to: THE CHAIRMAN, PCATP - RSM Square, 1st Floor, Suite 111, E-1. Shaheed-e-Millat Road, Karachi – 75350
E-mail: mail@pcatp.org.pk Website: www.pcatp.org.pk