Application for Registration as Architect

PLEASE APPLY TO

Defense Housing Authority,
The Building Control Branch, Site Office, Multan.
Phone 061-111-111-189
Email www.dhamultan.org

Colored Passport Size photographs

Paste 1
Attach 2

BLOCK CAPITALS. PLEASE USE BLACK INK

I hereby apply for registration as Architect

Full name __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ (Forename) __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ (Surname)

Father's / Husband Name _____

D. O. B. _ _ / _ _ / _ _ _ _ | Nationality _____ | Religion _____

CNIC # _ _ _ _ _ - _ _ _ _ _ _ _ - _ | Place of Issue _____ | Date _ _ / _ _ / _ _ _ _

Present Employee	Self-Employee	Home Address
Name - _____	Company - _____	Name - _____
Address - _____	Address - _____	Address - _____
Tel. # _____	Tel. # _____	Tel. # _____
Mob. # _____	Mob. # _____	Mob. # _____
Email. - _____	Email. - _____	Email. - _____

Present Appointment

Title _____ | Date Commenced _ _ / _ _ / _ _ _ _

Job Description _____

Past Appointments

Dates	Employer	Past Description
From _ _ / _ _ / _ _ to _ _ / _ _ / _ _	_____	_____
From _ _ / _ _ / _ _ to _ _ / _ _ / _ _	_____	_____
From _ _ / _ _ / _ _ to _ _ / _ _ / _ _	_____	_____

Education

Dates	Certificate / Diplomas / Degrees	University / Board
From _ _ / _ _ / _ _ to _ _ / _ _ / _ _	_____	_____
From _ _ / _ _ / _ _ to _ _ / _ _ / _ _	_____	_____
From _ _ / _ _ / _ _ to _ _ / _ _ / _ _	_____	_____
From _ _ / _ _ / _ _ to _ _ / _ _ / _ _	_____	_____
From _ _ / _ _ / _ _ to _ _ / _ _ / _ _	_____	_____

Note: Please fill in your educational qualifications – academic and professional

Licenses Held

Dates	Licensing Body
From _ _ / _ _ / _ _ to _ _ / _ _ / _ _	_____
From _ _ / _ _ / _ _ to _ _ / _ _ / _ _	_____
From _ _ / _ _ / _ _ to _ _ / _ _ / _ _	_____

Membership of Professional Bodies

Body	Grade of Membership	Date Admitted	Whether by Exam
_____	_____	_ _ / _ _ / _ _	_____
_____	_____	_ _ / _ _ / _ _	_____

Applicant's 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 Bye-laws of the DHA-Multan, the code of professional conduct, rules and regulations of the authority by any amendments/alterations which may thereto any time be made. I further solemnly declare that:

a) I have never been convicted of any offense 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

NOTE: Please read the declaration carefully before signing

MEMBER INFORMATION CARD

Essential Information

Colored Passport Size Photographs

Attach 2

Name _____

PCATP Reg. # __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

NIC # __ __ __ __ __ - __ __ __ __ __ __ __ - __

Institution
(From Where Graduated) _____

Email Address _____

Tel (W) __ __ __ __ __ __ __ __ __ __ __ (R) __ __ __ __ __ __ __ __ __ __ __

Mailing Address _____

_____

_____
Signature