



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

Name - _____

Address - _____

Tel. # _____

Mob. # _____

Email. - _____

Self-Employee

Company - _____

Address - _____

Tel. # _____

Mob. # _____

Email. - _____

Home Address

Name - _____

Address - _____

Tel. # _____

Mob. # _____

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

Name _____

PCATP Reg. # _____

NIC # _____ - _____ - _____

Institution
(From Where Graduated) _____

Email Address _____

Tel (W) _____ (R) _____

Mailing Address _____

Colored Passport
Size Photographs

Attach 2

Signature