



Pakistan Council of Architects and Town Planners

Architects Licensing Examination - ALE

**PCATP- ARCHITECTS LICENSING EXAMINATION (ALE)
APPLICATION FORM**

(Use Block Letters to Fill the Application Form)

**Please apply to:
The Registrar**
Pakistan Council of Architects and Town Planners
Office No. 7-12, First Floor, Usman Center,
D-12 Markaz, Islamabad

Section - I Personal Details

Full Name		PCATP Reg. No	
Father's Name			
Nationality		CNIC No.	

Section – II Contact Details

Residential Address			
Office Address			
Email Address		Cellular Number	

Section – III Academic Details

Name of Institution		Year of Passing	
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Section – IV Details of the Present Employment

Name of Employer		Position Title	
Address of Employer		Job Duration	
Name of Supervising Architect		PCATP Registration No.	

Section – V Other Details

Professional Memberships (if any)	
Special Skills	
Training / Awards / Certificate	
Freelance Work Details	
Evidence of CPD Points	



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Instructions:

The Application Form should be filled in neat and legible writing preferably typed and ensure to attach following documents with the Application Form:

- a. CV
- b. Copy of CNIC
- c. Two latest passport size photographs – one should be pasted on the form and one spare should be stapled to the form.
- d. Evidence of CPD Points
- e. Registration and Application Form processing fee of **Rs. 5,000/- (Rupees five thousand only)** per applicant, can be paid at any of the mentioned PCATP Bank Account using conventional or online banking services.

	MEEZAN BANK, ISLAMABAD	UBL, KARACHI
Account Title	Pakistan Council of Architects & Town Planners	
Account Number	0104582807	0149-010-140-10
Branch Code	0333	0149
IBAN No.	PK42MEZN0003330104582807	PK24UNIL0112014901014010
NTN No.	3123405-4	

OR

Submit a **Bank Draft or Pay Order** along with Application Form in favor of
PAKISTAN COUNCIL OF ARCHITECTS AND TOWN PLANNERS
(Please ensure not to use short form i.e. PCATP)

- f. You are required to e-mail the receipt of the payment made at mail@pcatp.org.pk and submit the hardcopy of same (in original) to below mentioned Council address:

The Registrar
Usman Center, 1st Floor, Office No. 7 – 12,
D-12 Markaz, Islamabad.
Phone: 051-2706669



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DECLARATION

(TO BE SUBMITTED ON NON-JUDICIAL STAMP PAPER)

- I (full name) s/ d/ w/ of (Father/ Husband Name) having **CNIC No.** _____ do hereby solemnly declare that the particulars given on the Application Form (Annex-B) are true and correct to the best of my knowledge. In case any information given in this application proves to be false or incorrect, I shall be responsible for the consequences.
- I also declare that if any information provided by me is found false/misleading, my candidature may be rejected at any point of time.
- I further solemnly declare that result announced by Pakistan Council of Architects and Town Planners (PCATP) shall be final and acceptable to me.
- I understand and accept that the result announced by PCATP cannot be challenged at any forum or Court of Law.

Date: DD – MM - YYYY

Applicant's Signature

For Office Use Only

Date of Receiving: DD/MM/YYYY

Signature and Stamp (PCATP)

Admit Card/ Roll No: