



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

**Registration Index Card**

Registration No. \_\_\_\_\_

Date of Registration \_\_\_\_\_

Application No. \_\_\_\_\_



**P A K I S T A N**  
**C O U N C I L O F**  
**A R C H I T E C T S**  
**A N D**  
**T O W N P L A N N E R S**

**BLOCK CAPITALS. PLEASE USE BLACK INK.**

1. Full Name \_\_\_\_\_  
Forename \_\_\_\_\_ Surname \_\_\_\_\_

2. Father's Husband's Name \_\_\_\_\_

3. Date of Birth \_\_\_\_\_ Nationality \_\_\_\_\_

4. Address for correspondence \_\_\_\_\_  
\_\_\_\_\_

Tel. No. (Off) \_\_\_\_\_ Res. \_\_\_\_\_

E-Mail. \_\_\_\_\_

5. Basic recognized professional qualification \_\_\_\_\_

6. Name of Institution \_\_\_\_\_ Passing year \_\_\_\_\_

7. Firm's Name, if any \_\_\_\_\_

8. N.I.C No. \_\_\_\_\_

8. Specimen signature of the Applicant

Date \_\_\_\_\_ Place of Issue \_\_\_\_\_

\_\_\_\_\_

(Photograph)

**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. EMAIL: \_\_\_\_\_ N.I.C. NO. \_\_\_\_\_
- E. INSTITUTION (FROM WHERE GRADUATED) \_\_\_\_\_
- F. SESSION FROM: \_\_\_\_\_ YEAR \_\_\_\_\_
- G. HIGHER QUALIFICATION: \_\_\_\_\_ YEAR \_\_\_\_\_
- H. INSTITUTION/S \_\_\_\_\_
- I. AFFILIATIONS \_\_\_\_\_

3 Colored  
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 \_\_\_\_\_

## 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, Usman Center, 1<sup>st</sup> Floor, Office No. 7 – 12, D – 12 Markaz, Islamabad. Postal Code: 45200, Phone: 051-2706668-9.**

This Application Form will be filled up by those applicants who possess recognized town planning 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.

Attach the following documents.

- A copy of **professional Diploma / Degree** and a copy of **Transcript** both duly **attested** by the concerned Registrar/Controller of Examination/Head of respective University. It must be clear that not any individual except those mentioned above are authorized to verify the professional diploma / degree. “Provisional Certificate”, is absolutely not acceptable for registration.
- A copy of the Computerized **National Identity Card**.
- **Three latest passport size photographs** – one should be pasted on the form, one pasted on Registration Index Card and one spare should be stapled to the form.
- **Registration Index Card duly attested** by a Grade 18 Officer of the Federal/Provincial Government or by a Member of the Executive Committee of the Pakistan Council of Architects and Town Planners.
- Registration and form processing fee must be submitted in the form of **Pay Order, Bank Draft** made out in the name of “**PAKISTAN COUNCIL OF ARCHITECTS AND TOWN PLANNERS**” or you can direct deposit in UBL Bank, **Account Title: Pakistan Council of Architects and Town Planners - Account No. 014901014010 - IBN Number: PK24UNIL0112014901014010 - Branch Code 0149 - NTN Number: 3123405-4,**

Registration and Form processing Fee is **Rs. 5,850/- (Rupees Five Thousand Eight Hundred and Fifty only) which is nonrefundable.**

The processing period of registrations is minimum **4 to 6 weeks.**

The Form should be sent by Registered Post or hand delivered to the **Registrar, Pakistan Council of Architects and Town Planners, Usman Center, 1<sup>st</sup> Floor, Office No. 7 – 12, D – 12 Markaz, Islamabad. Postal Code: 45200 Phone: 051-2706668-9.**

### Registration Fee Structure

<b>Category No.</b>	<b>Duration after Graduation</b>	<b>Amount Payable as Fine and Regular Registration Fee</b>
Category No. 1	Up to Five Years after Graduation	No Penalty; only <b>Rs. 5,850/- for graduates of local accredited institutions in Pakistan</b> as Regular Registration and Processing Fee. <b>Rs.10,000/- for qualifications obtained from institutions abroad for Pakistani</b>
Category No. 2	More than Five Years but less than Ten Years after Graduation	Rs. 20,000/= as Penalty + Rs. 5,850/- Registration and Processing Fee
Category No. 3	More than Ten Years but less than Fifteen years after Graduation.	Rs. 25,000/= as Penalty + Rs. 5,850/- Registration & Processing Fee
Category No. 4	Fifteen Years or more after Graduation.	Rs. 30,000/= as Penalty + Rs. 5,850/- Registration & Processing Fee