APPLICATION FORM FOR RESTORATION / RENEWAL / ONE TIME PAYMENT OF RENEWAL FEE / D.C.R. FEE

[TO BE FILLED AND SIGNED BY THE ARCHITECT CONCERNED]

				Date:
	Registrar (CoA)			
	Habitat Centre,			
	6A, 1 st Floor, Lodhi Road			
	Delhi-110 003			
	011-2464 8415, 2465 4172 & 73, Fa ail: coa@ndf.vsnl.net.in, coa.rwl@g			
	: www.coa.gov.in	;IIIaII	Com	
	-			
Dear	,			
	a registered Architect with Council of Architecture. My particulars			to Restore / Renew my registration with
1.	Registration No.	:	CA//_	
2.	Name			
3.	Whether CoA's Certificate of Registration Enclosed	:	Yes/No (Original Certificate is required for endorse	ement & return)
4.	Correspondence Address	:		
	City:		State:	PIN:
			_ 5	
5.	Telephone	:		Tel.No
			Off.: STD Code:	Tel.No
			Fax: STD Code:	Tel.No
			Mobile:	
6.	E-Mail ID	:		
I he	reby pay an amount of Rs		in Cash (or) by Demand	l Draft No.
dated	d, (enclosed) to	ward	s payment of Restoration/Renewa	al/One Time Payment of Renewal Fee
Dupl	icate Certificate of Registration (DO	JR) F	ee. OR	
Laudi	horizo Ma /Mag /Mg		OK	
whos	horize Mr./Mrs./Ms se signature is duly attested below	by	me as my representative to subn	nit my CoA's Registration Certificate, in
Origi		ratio	n/Renewal/One Time Payment o	f Renewal Fee/Duplicate Certificate of
aatec	(enclosed) and als	o to c	offect the same, after necessary end	orsement, on my benair.
(Sigr	nature of the Representative)			
(Sign	nature of the ARCHITECT)			
Pleas	E: Demand Draft should be drawn e write your name and CoA's Registrati be accepted subject to submission of a	on N	umber on the backside of the Demand D	
****	********	k***	**************************************	***********
Rece	ived the renewed Original Certifica	te of		_/on
	(Receiver's Signature)		(Receiver's Name)	(Receiver's Mobile No.)
			FOR OFFICE USE ONLY	

Date :_____

for Rs.

Receipt No.____