| Form: P |
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Please apply to: The Registrar

From \_\_\_\_\_ to \_\_\_\_

From \_\_\_\_\_ to \_\_\_\_

\_\_\_\_\_to \_\_\_\_

#### PAKISTAN COUNCIL OF ARCHITECTS AND TOWN PLANNERS

#### **Application for registration as Town Planners**

Pakistan Council of Architects and Town Planners (Photograph) Usman Center, 1st Floor, Office No. 7 – 12, D - 12 Markaz, Islamabad. Postal Code: 45200 Phone: 051-6155552-4 BLOCK CAPITALS. PLEASE USE BLACK INK I hereby apply for registration as Town Planner Under the provisions of Pakistan Council of Architects and Town Planners Ordinance, 1983. Forename Father's / Husband's Name \_\_\_ Date of Birth \_\_\_\_\_\_ Nationality \_\_\_\_\_\_ Religion \_\_\_\_ National Identity Card No. \_\_\_\_ \_\_\_\_\_ Date \_\_\_\_ \_\_\_\_\_ Place of Issue \_\_\_ Present employers' Name and Address/ **Home Address** Self-Employee's office address Tel. No. \_\_\_\_\_ Tel. No. \_\_\_ Mobile . . \_\_\_ Email. . \_\_ Tick where correspondence should be sent **Present Appointment** \_\_\_\_\_ Date commenced \_\_\_\_\_ Title Scope of Responsibilities: **Past Appointments** Dates Employer Description of Post

| 5. | Education                |   |  |
|----|--------------------------|---|--|
|    | Dates                    | Certificates, Diplomas or Degrees Awarded   | University / Board                                   |
|    | From to                  |   |  |
|    | From to                  |   |  |
|    | From to                  |   |  |
|    | Note: Please fill in y   | rour educational qualifications – academic as well as professional – from Matricu   | lation onward  |
| ô. | Licenses held            |   |  |
|    | Dates                    | Licensing Bo  | ody  |
|    | From to                  |   |  |
|    | From to                  |   |  |
|    | From to                  |   |  |
| 7. | Membership of Profess    | ional Bodies  |  |
|    | Body                     | Grade of Membership Date Admitted   | Whether by Examination                               |
|    |                          |   |  |
|    |                          |   |  |
|    |                          | <del></del>   | <del></del>  |
|    |                          |   |  |
|    | APPLICANTS<br>SHOULD     | I (full name)<br>hereby solemnly declare that the particulars given on t  | this form are true and correct in every              |
|    | CAREFULLY                | respect and that if registered, I undertake to be b   | pound by the PCATP Ordinance 1983,                   |
|    | READ THIS<br>DECLARATION | Bye-laws of the Council, the code of Professional Council and by any amendments/alterations/additions v   |  |
|    |                          | I further solemnly declare that:  |  |
|    |                          | (a) I have never been convicted of any offence as impli   |  |
|    |                          | <ul> <li>(b) I have never been found guilty of infamous conduct</li> <li>(c) I am not unfit to practice on any other ground, include</li> </ul> | in professional respect; and ding mental ill health. |
|    |                          | Place:  |  |
|    |                          | Date:   |  |
|    |                          |   |  |
|    |                          | -   | Signature of Applicant                               |

# **Registration Index Card**

| Reg | istration No            |                                       |  | OF ARCHITECTS AND                     |
|-----|-------------------------|---------------------------------------|--|---------------------------------------|
|     | e of Registration       |                                       |  | THE PLANES.                           |
| BLO | CK CAPITALS. PLEASE USE | BLACK INK.                            |  | PAKISTAN<br>COUNCIL OF                |
| 1.  | Full Name               | · · · · · · · · · · · · · · · · · · · |  | ARCHITECTS                            |
| 2.  | Father's Husband's N    | Forename<br>ame                       | Surname                                | AND<br>TO W N PLANNERS                |
| 3.  | Date of Birth           | Na                                    | ationality                             |                                       |
| 4.  | Address for correspor   |                                       |  |                                       |
|     | Tel. No. (Off)          |                                       | Res                                    | (Photograph)                          |
| 5.  |                         |                                       | 1                                      |                                       |
| 6.  | Name of Institution     |                                       | Passing year                           |                                       |
| 7.  | Firm's Name, if any _   |                                       |  | ATTESTED BY:                          |
| 8   | N.I.C No                |                                       | 8. Specimen signature of the Applicant |                                       |
|     | Date                    | Place of Issue                        |  |                                       |
|     |                         |                                       |  | Signature & stamp of attesting person |

## PAKISTAN COUNCIL OF ARCHITECTS AND TOWN PLANNERS

### **MEMBER INFORMATION CARD**

| I          | ESSENTIAL INFORMAT                                | ION |               |        |                                      |              |                            |
|------------|---|-----|---------------|--------|--------------------------------------|--------------|----------------------------|
| Α.         | NAME:   |     | F             | PCAT   | P REG. NO.                           |              |                            |
| В.         | MAILING ADDRESS:                                  |     |               |        |                                      |              |                            |
| C.         | TEL: (W)  |     |               |        |                                      |              |                            |
| D.         | EMAIL:  |     | N.I.C. NO     | O      |                                      |              | 3 Colored<br>Passport Size |
| E.         | INSTITUTION (FROM WHERE GRADUATED)                |     |               |        |                                      |              | Photographs  Paste 1       |
| F.         | SESSION FROM:                                     |     |               |        |                                      |              | Attach 2                   |
| G.         | HIGHER QUALIFICATION:                             |     |               |        |                                      |              |                            |
| Э.<br>Н.   | INSTITUTION/S                                     |     |               |        |                                      | L            |                            |
| <br>I.     |   |     |               |        |                                      |              |                            |
| ı.<br>     | AFFILIATIONS                                      |     |               |        |                                      |              |                            |
| II         | ADDITIONAL INFORMA                                | TIO | N             |        |                                      |              |                            |
| 01.        | Blood Group                                       |     | <br>05        | 5.     | Father's Name                        | <del> </del> |                            |
| 02.<br>2.1 | Name and Location of Key Projects completed (List |     | 07            | 7.     | Marital Status Married Spouses Name  |              |                            |
| 2.2<br>2.3 |   |     |               |        | Spouses Occupation Children 8.1 Sons |              |                            |
| 2.4        |   |     | 09            | )      | Hobbies                              |              |                            |
| 2.5<br>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 / Addr   | ress   |                                      |              | <del></del>                |
| 4.4        | Employed in Private firm                          | _   | Name / Addr   | ress   |                                      |              |                            |
| 4.5        | Unemployed [                                      |     | Would like to | o work | for                                  |              |                            |
|            |   |     |               |        |                                      |              |                            |

#### INSTRUCTIONS FOR APPLICANTS

ATTENTION OF THE APPLICANTS AND THOSE ATTESTING THE FORM AND DOUCMENTS 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, <a href="http://www.pcatp.org.pk/">http://www.pcatp.org.pk/</a>, 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: 6155552-4

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. (Copy to Copy is not acceptable) 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 Meezan Bank, Account Title: Pakistan Council of Architects and Town Planners Account No. 0104582807 IBN Number: PK42MEZN0003330104582807 Branch Code 0333 NTN Number: 3123405-4.

Registration form processing Fee is Rs. 7,000/- (Rupees Seven Thousand only) which is nonrefundable.

The processing period of registration is minimum 4 to 6 weeks.

The Form should be sent by Registered Post / Courier 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: 051-6155552-4

# **Registration Fee Structure**

| Category No.   | Duration after Graduation   | Amount Payable as Fine<br>and Regular<br>Registration Fee  |
|----------------|---|--|
| Category No. I | Up to Five Years after<br>Graduation                                    | No Penalty; only Rs. 7,000/- for graduates of local accredited institutions in Pakistan as Regular Registration and Processing Fee. Rs.15,000/- for qualifications obtained from institutions abroad for Pakistani |
| Category No. 2 | More than Five Years but less<br>than Ten Years after Graduation        | Rs. 20,000/= as Penalty + Rs. 7,000/- Registration and Processing Fee  |
| Category No. 3 | More than Ten Years but less<br>than Fifteen years after<br>Graduation. | Rs. 25,000/= as Penalty + Rs. 7,000/- Registration & Processing Fee  |
| Category No. 4 | Fifteen Years or more after<br>Graduation.                              | Rs. 30,000/= as Penalty + Rs. 7,000/- Registration & Processing Fee  |



Head Office: Usman Center, 1st Floor, Office No. 7 - 12, D-12 Markaz, Islamabad, Postal Code: 45200.

Tel: 051
Email: registrar@pcatp.org.pk, Web: www.pcatp.org.pk

PAKISTAN COUNCIL OF ARCHITECTS AND TOWN PLANNERS (Ordinance IX of 1983)

# **NOTIFICATION**

It is to notify for the information of all concerned that as per the decision taken by The Executive Committee (2021-2023) of Pakistan Council of Architects and Town Planners in its 123rd Meeting; Biometric Verification via NADRA e-Sahulat service has been made a mandatory requirement for registration and renewal process of an individual member as well as for the firm.

Please submit the verified data alongwith your application. No application will be entertained without verification w.e.f March 01, 2023. Please visit <u>e-sahulat.nadra.gov.pk</u> to locate your nearby franchise with a biometric facility.

This issues with the approval of Competent Authority.

Ar./PInr.T.Sadia Fazli

Registrar