

COUNCIL OF ARCHITECTURE

India Habitat Centre, Core 6A, 1st Floor, Lodhi Road, New Delhi-110 003
 Tel: 011-79412100 [30 lines], Fax: 011-2464 7746
 E-Mail: renewal-coa@gov.in, registration-coa@gov.in, Web: www.coa.gov.in

FORM FOR ISSUANCE OF DUPLICATE CERTIFICATE OF REGISTRATION

Date: _____

I hereby request you to issue duplicate certificate of registration. My Registration and communication details are given below:-.

1.	Registration No.	:	CA/ _____ / _____	<i>AFFIX LATEST PASSPORT SIZE PHOTOGRAPH HERE</i>
2.	Name	:	_____	
3.	Fee Type (Pls. tick ✓)	:	DCR Fee	
			Other(s) <input type="checkbox"/> Specify _____	
4.	Payment Mode (Pls. tick ✓)	:	Cash <input type="checkbox"/> Demand Draft <input type="checkbox"/> DD No. _____	Credit Card* <input type="checkbox"/> Debit Card* <input type="checkbox"/>
5.	Amount	:	(Rs.) _____	
6.	Certificate of Registration Status	:	Lost <input type="checkbox"/> (Affidavit enclosed)	Laminated <input type="checkbox"/> (Original Certificate of Registration enclosed)
7.	Communication Details : (fill below mentioned details)			
Address:		Mobile: _____		
_____		E-Mail : _____		
_____		Res.: STD Code: _____ Tel.No. _____		
_____		Off.: STD Code: _____ Tel.No. _____		
CITY: _____		Fax: STD Code: _____ Tel.No. _____		
PIN _____				
STATE: _____				

I authorize Mr./Mrs./Ms. _____, whose signature is duly attested to submit my application along-with required documents for above said purpose and to collect the same, after issuance of Duplicate Certificate of Registration.

_____ (Signature of the ARCHITECT)	_____ (Signature of the Representative)
---------------------------------------	--

NOTE: In case of payment to be made by Demand Draft the same should be drawn in favour of 'COUNCIL OF ARCHITECTURE' and payable at Delhi/New Delhi. Pls. attach latest photograph and affidavit for issuance of D.C.R.. as prescribed by the Council of Architecture. *Bank commission extra, as applicable.

ACKNOWLEDGEMENT

Received the renewed Original Certificate of Registration bearing No. CA/ _____ / _____ on _____

_____ (Receiver's Signature) _____ (Receiver's Name) _____ (Receiver's Mobile No.)

FOR OFFICE USE ONLY

Receipt No. _____ Date : _____ for Rs. _____