COUNCIL OF ARCHITECTURE (A Statutory Authority, Ministry of Education, Government of India) India Habitat Centre, Core 6A, 1st Floor, Lodhi Road, New Delhi-110 003 Tel: 011-49412100 [30 lines], Fax: 011-2464 7746 E-Mail: renewal-coa@gov.in, Web: www.coa.gov.in

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

Date:

I hereby request you to restore / renew my registration. My Registration and communication details are given below:-.

1.	Registration No.	:	CA//			
2.	Name	:				
3.	Fee Type (Pls. tick)	:	Restoration Fees Renewal Fees DCR Fee (Annual) (One Time Payment)			
			Other(s)			
4.	Payment Mode (Pls. tick ✓)	:	Cash Demand Draft Credit Card* Debit Card* DD No			
5.	Amount	:	(Rs.)			
6.	Certificate of Registration Enclosed	:	Yes / No (Original Certificate of Required for endorsement and return)			
7.						
Ac	ldress:		Mobile:			
			E-Mail :			
			Res.: STD Code:Tel.No			
	ITY:		PIN Off.: STD Code:Tel.No			
S	ГАТЕ:		Fax: STD Code:Tel.No			

I authorize Mr./Mrs./Ms.

whose signature is duly attested to submit my Registration Certificate, in Original, for payment as above and to collect the same, after endorsement.

(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 in case of issuance of Duplicate Certificate of Registration. **One-time payment of renewal fee will be accepted subject to submission of an attested copy of the Final B.Arch.Degree / G.D. Arch. Certificate.** *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					