## **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

Date:

## FORM FOR ISSUANCE OF DUPLICATE CERTIFICATE OF REGISTRATION

I her belo		duplic	cate certificate of registra	tion. My Registration and	communication details are given
1.	Registration No.	:	CA//		
2.	Name	:			A EEEIV I A TEST
3.	Fee Type (Pls. tick ✓ )	:	DCR Fee		AFFFIX LATEST PASSPORT SIZE PHOTOGRAPH HERE
			Other(s)  Specify		
4.	Payment Mode (Pls. tick ✓)	:	Cash	Demand Draft DD No	Credit Card* Debit Card*
5.	Amount	:	(Rs.)		
6.	Certificate of Registration Status	:	Lost (Affidavit enclosed)	Laminated (Original Cert	ificate of Registration enclosed)
7.	Communication Detail	s : (1	fill below mentioned deta	uils)	
A	ldress:			Mobile:	
_				E-Mail :	
				Res.: STD Code:	Tel.No
				Off.: STD Code:	Tel.No
STATE:				Fax: STD Code:	Tel.No
I aut who	horize Mr./Mrs./Msse signature is duly attesect the same, after issuar	eted to a	submit my application ale Duplicate Certificate of R	ong-with required docume egistration.	ents for above said purpose and to
	(Signature of t	he AR	CHITECT)	(Signature	e of the Representative)
and		hi. Pls.	attach latest photograph ar		nr of 'COUNCIL OF ARCHITECTURE D.C.R as prescribed by the Council o
***	******	*****			*******
Rec	eived the renewed Origin	ıal Ceri		LEDGEMENT aring No. CA//	on
***	(Receiver's Signat	ure) *****		ceiver's Name) ********	(Receiver's Mobile No.)
				CE USE ONLY	
Receipt No Date :			Date:		for Rs