



**SRI LANKA INSTITUTE OF ARCHITECTS  
ARCHITECTS REGISTRATION BOARD (ARB)  
APPLICATION FOR REGISTRATION AS A ARCHITECT**

1. a. NAME WITH INITIALS:

UNDERLINE FAMILY NAME

b. NAME DENOTED BY INITIALS:

c. Name to be appeared in the seal: (BLOCK LETTERS)

2. ADDRESS:

a. Office / Business	
b. Residence	
Tel/Mobile	
E - Mail Address	

3. DATE OF BIRTH:...../...../.....4. SEX: (X) M/F..... 5. NATIONAL IDENTITY CARD NO:.....

6. CITIZENSHIP:.....(STATE BY DECENT OR BY REGISTRATION)

IF BY REGISTRATION – REGISTERED NO.....DATE.....PLACE.....

7. QUALIFICATIONS:

EDUCATIONAL : .....

DATE OF ISSUE:...../...../.....

AFFIX RECENT  
PASSPORT  
SIZE  
COLOUR  
PHOTOGRAPH

8. APPLICANTS DECLARATION

I declare that the above particulars are true and correct and that I meet the requirements of section 8F (i) of the Sri Lanka Institute of Architects (Amendment) Act No. 14 of 1996. I am also aware that if the above particulars are found to be incorrect that I am liable to be removed from the Register of Architects Registration Board,

DATE: ...../...../.....

.....  
SIGNATURE OF APPLICANT

ATTESTATION:

I hereby attest that/Mr/Ms./.....

.....Name) of.....

.....(address) placed his/her signature before me on.....day.....of 201.....

Justice of Peace

**FOR OFFICE USE - Finance Division**

**PROCESSING FEES (ARB Registration Fee)**

AMOUNT RS.

RECEIVED

DATE:

Accounts Officer:  
Sri Lanka Institute of Architects

Signature and the Seal:  
Accounts Officer:

.....

**ARCHITECTS REGISTRATION BOARD:**

DECISION OF THE BOARD:

ARB MEETING (No) .....

.....

APPROVAL OF THE ARB :

Date:.....

.....

REMARKS IF ANY :

.....

ARB REGISTRATION NO : .....

SIGNATURE OF THE CHAIRMAN  
ARCHITECTS REGISTRATION BOARD  
DATE:

REGISTRAR  
ARCHITECTS REGISTRATION BOARD

.....  
ARB REFERANCE FILE NO: