



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

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 REFERENCE FILE NO: