

B. Educational Qualifications after High School.

(Attach attested photocopies of original / provisional degree / diplomas, final mark sheet, etc).

S. No.	Name of the Certificate / Diploma / Degree, etc.	Year of Passing	Name of the Board / College / University / Institutions, etc.
1.			
2.			
3.			
4.			
5.			

C. Particulars of Last Position(s) held.

(Professional experience after obtaining recognized qualification in planning)

S. No.	Position (If self-employed state so)	Period (give dates)	Planning Works undertaken (if required attach a separate sheet)	Name of the Employer (If self-employed, give name of the firm)
1.				
2.				
3.				
4.				
5.				

D. Area of Special Interest (please tick four most important areas)

Urban Planning, Regional Planning, Rural Development, Urban & Regional Planning, Development Management, Urban Renewal / Conservation / Heritage, Housing and Shelter Planning, Planning Legislation, Traffic & Transportation Planning, Urban & Regional Infrastructure Planning, Urban Design, Environmental Planning, History of Development, Real Estate, Valuation, Fiscal Resource Mobilization, Informal Sector, Remote Sensing and Geographic Information Systems.

Others (please specify) _____.

E. Membership of other Professional Bodies / Societies / Institutions

S. No.	Category of Membership (Please quote membership number)	Name of the Body / Society / Institute, etc.	Since (date)

F. Details of Fees Paid

As required by the Bye-laws, I enclose herewith a fees of Rs. _____, being the admission fee and annual subscription OR admission fee and the Fixed Deposit for Life Membership, in Cash / vide Bank Draft No. _____ Dated _____ drawn on (name of the bank)

(Admission fee Rs. 50/-, annual subscription Rs. 100/-, Life Membership Rs. 1,000/-)

G. Declaration / Proposal / Support

I, _____, Age _____ years, declare that the information furnished by me is true and in case any information given by me is found to be false or a case of misrepresentation of facts, my membership may be cancelled by the Institute.

Signature _____

Date _____

I, _____, FITP, Registration No. _____, certify to the best of my knowledge, and subject to any conditions required by the Bye Laws, the above mentioned applicant possesses the qualifications and experience necessary for election as Associate Member of the Institute and I propose his / her name for granting the same. I am not in arrears of fees as of today.

Signature _____

Date _____

We, the undersigned, certify that the above named applicant is personally known to us and we support his application for Associate Members of the Institute. We are not in arrears of fees as of today.

Signature _____ Name _____ Registration No. _____

Signature _____ Name _____ Registration No. _____

H. Declaration by the Employer

(for self-employed, please make the declaration on a letterhead of your office/ firm)

I, the undersigned, do hereby declare that the above named applicant is working in this organization since _____ and the particulars provided by him / her are correct as per the details available in this office. I have no objection in his / her being elected as Associate Member of the Institute of Town Planners, India.

Signature _____

Name and Designation _____

Date: _____

(Affix official seal here)

Phone (Off.) _____ FAX _____

E-mail _____

I. Recommendations of Chapter Chairman

Signature with Seal

FOR OFFICE USE ONLY

- 1. Name _____
- 2. Age _____
- 3. Basic Qualification _____
B.Arch / B.E. Civil / M.A. Geog. / Economics / Sociology
Other (Specify) _____
- 4. Planning Qualification _____
- 5. Institution / School _____

- 6. Year of Passing _____
- 7. Planning Experience (Year) _____
- 8. Attach attested photocopies of following
 - Date of Birth _____ Yes / No
 - Basic Qualificaion _____ Yes / No
- Planning Qualification _____ Yes / No
- 9. Fee paid Rs. _____
- 10. Receipt No. _____
- 11. Date _____
- 12. Signature (Cashier) _____
- 13. Checked by _____
- 14. Recommendations of the Evaluation Committee

- 15. Secretary PSC _____
- 16. Circulated on _____
- 17. Approved by the Council on _____
- 18. **AITP NO.** _____