

Application for Enlistment as a PCATP Registered Architect in Multan Development Authority, Multan.

Application type: First Time Enlistment request / Yearly Renewal

I/ We, _____ registered as Architect having PCATP Registration Number _____ is desirous to get enlisted in MDA as PCAPT Registered Architect/Firm for the year _____.

1. Particulars of the Principle Partner:

Full name (FULL NAME IN BLOCK LETTERS): _____
Qualification: _____
Valid PCATP Registration No.: _____
Full Address: _____
Phone #: _____
Email ID: _____
Fax #: _____
Website: _____
Name of the Firm (if applicable): _____
No of shares Holding in Firm (if applicable) _____
Detail of establishment of practice: _____
Detail of practical experience: _____
 (Attach extra sheets if require)

2. Category Applied for (check one):

- | | |
|--|--|
| <input type="checkbox"/> Category NO LIMIT: | <input type="checkbox"/> Category D |
| <input type="checkbox"/> Category A | <input type="checkbox"/> Category E |
| <input type="checkbox"/> Category B | <input type="checkbox"/> Category F |
| <input type="checkbox"/> Category C | |

3. Details of Principal/Partner(s) of the Firm and other technical staff (not applicable to category D,E,F):

<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 50%;"></th> </tr> </thead> <tbody> <tr> <td style="width: 50%;">a: Detail of Architects</td> <td style="width: 50%;">b: Detail of other Technical Staff</td> </tr> <tr> <td style="width: 50%;">1 Mr./Ms.: _____</td> <td style="width: 50%;">1 Mr./Ms.: _____</td> </tr> <tr> <td>Qualification: _____</td> <td>Qualification: _____</td> </tr> <tr> <td>PCATP Registration No: _____</td> <td>Year of Qualification: _____</td> </tr> <tr> <td>Designation: _____</td> <td>Designation: _____</td> </tr> <tr> <td>%age of shareholding: _____</td> <td>Experience: _____</td> </tr> <tr> <td>2 Mr./Ms.: _____</td> <td>2 Mr./Ms.: _____</td> </tr> <tr> <td>Qualification: _____</td> <td>Qualification: _____</td> </tr> <tr> <td>PCATP Registration No: _____</td> <td>Year of Qualification: _____</td> </tr> <tr> <td>Designation: _____</td> <td>Designation: _____</td> </tr> <tr> <td>%age of shareholding: _____</td> <td>Experience: _____</td> </tr> </tbody> </table>			a: Detail of Architects	b: Detail of other Technical Staff	1 Mr./Ms.: _____	1 Mr./Ms.: _____	Qualification: _____	Qualification: _____	PCATP Registration No: _____	Year of Qualification: _____	Designation: _____	Designation: _____	%age of shareholding: _____	Experience: _____	2 Mr./Ms.: _____	2 Mr./Ms.: _____	Qualification: _____	Qualification: _____	PCATP Registration No: _____	Year of Qualification: _____	Designation: _____	Designation: _____	%age of shareholding: _____	Experience: _____	
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 PCATP Registration No: _____
 Designation: _____
 %age of shareholding: _____

3 Mr./Ms.: _____
 Qualification: _____
 Year of Qualification: _____
 Designation: _____
 Experience: _____

Use additional sheet if required

4. Inventory of Office Equipment and Facilities:

Office Equipment	Configuration and make	Quantity
Computer Systems		
Printers		
Plotters Scanners		
Fax Machine		
Multimedia Projector		
Drawing Boards		
Others		

Use additional sheet if required

5. Attached documents:

- Attested copy of the computerized National Identity Card of the Principal/ Partner(s) and staff.
- Attested copy of qualification degree of the Principal/Partner(s) and staff.
- Copy of the registration/renewal certificate of the Principal/Partner(s) with their respective bodies/councils.
- A copy of a valid national tax number certificate of the Firm. *(for PCATP Registered Firms)*
- Registration index card, duly attested by Oath Commissioner or Notary Public *(for PCATP Registered Firms)*.
- Copy of the deed of partnership of the Firm to be duly attested by Oath Commissioner or Notary Public. *(not applicable to category D,E,F)*

6. Sample of seal and signature to be used on all the building plan applications:

(Stamp/ Seal shall have the name and PCATP registration No. of the principal partner, category of enlistment, contact No. of the principal partner and office address)

 Stamp/seal

 Signature of the Principal partner/Practitioner



ENLISTMENT INDEX CARD

Form ARCH-2

For Office Use only

Enlistment no at MDA.

1. Firm Name: _____

2. Date of establishment: _____

3. Business Address: _____

Tel. No. _____ Email. _____

Fax No. _____ Income Tax No.(if applicable) _____

4. Declaration:

I/ We, hereby solemnly declare that the particulars given on this form and the documents attached are true and correct in every respect and that if registered, I/ We undertake to be bound by the MDA bye-laws, the code of professional conduct, rules and regulations as stated by organization and any amendments/alterations/additions made thereto from time to time.

Furthermore, I/we agree to facilitate and to provide any other document(s) that may subsequently be requested by the Directorate of Town Planning MDA, in order to satisfy any query the Officers may have before or after the grant of registration of the above mentioned firm for which official PCATP registration is being sought herein. I/ We, further solemnly declare that:

(a)* I/ We have never been found guilty of professional misconduct by any court of law.

(b)* My/ Our firm is never been blacklisted by any government/ semi government/ private organization.

*Attach the details if ever your firm was implicated in any act as mentioned in 'a' and 'b' above.

Name and 3 Specimen Signatures of Principal/Partner(s) of the Firm:

	1.	2.	3.
Principal			
Partners	1.	2.	3.
	1.	2.	3.

Stamp/Seal

(As provided in Form-ARCH-1)

Attestation of Oath
Commissioner/Notary Public