

Architect Registration form for AutoDCR (Building Plan Approval System)

| *Name | |
|---|--|
| Firm Name | |
| * Registration Number | |
| (provided by Council of Architects) | |
| * Valid Up to Date | |
| | |
| *Email ID (Please enter valid email ID) | |
| *Mobile Number | |
| Phone Number | |
| *Address | |

* Items Mandatory

Note: Please attach registration Certificate provided by Council of Architects.