

## **Architect Registration form for AutoDCR (Building Plan Approval System)**

| *Name                                   |  |
|---|--|
| Firm Name                               |  |
| * Registration Number                   |  |
| * 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.