



INSTITUTE OF TOWN PLANNERS, INDIA
4-A, Ring Road, I.P. Estate, New Delhi – 110 002



KARNATAKA STATE OPEN UNIVERSITY
Manasagangotri, Mysore – 570 006

Applicant Form

To
The Secretary General
Institute of town Planners, India
New Delhi

Affix
Photo

I _____
(Full Name in Block Letters)
Resident of _____
(Give Full Address)

am desirous of being elected as a student member for Dual Certification Programme under which on successfully completion of Associateship Examination; Certificate would be issued by Institute of Town Planners, India on the basis of which Masters Degree in Town Planning (M. Plan) would be issued by Karnataka State Open University, Mysore.

I promise , if elected, as student member I will abide by and observe the provisions of the Articles and Bye-laws for the time being in force, that I will pay the subscription as prescribed in the Scheme of Examination. I submit herewith the Demand Draft for Rs.6,000/- drawn on Bank _____ bearing No. _____ dated _____ towards Registration Fee and Course Fee for the 1st Semester.

I declare that my date of Birth is _____.

I witness my hand this _____ day of _____ 2013.

Signature of Candidate

We, the undersigned certify that subject to any conditions required by the Bye-Laws, Mr./Mrs./Miss _____ the above named applicant possesses the qualifications necessary for the election as a student member and we propose him / her for election accordingly.

Mr./Mrs./Miss _____ is personally known to the undersigned.

1) (Name) _____
(Reg. No.) _____ (Signature of a Fellow Member)

2) (Name) _____
(Reg. No.) _____ (Signature of a Associate Member)

Note : The applicant must be personally known to at least one of the proposer who must be a Fellow.

1. General Education - Examinations Passed (Attested photocopies of Certificates should accompany this application)

2. Technical Training and Qualifications including Particulars of Examinations Passed

3. Membership of any other Professional Institutes

4. Particulars of Positions Held (Past Present with Date)

Signature of Candidate

Place: _____

Date: _____



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Particulars of Candidate

Affix
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1. Name in full (in block letters) _____
2. Father's / Husband's Name _____
3. Date of Birth _____
4. Nationality _____
5. (a) Permanent Address (in capital letters) _____

(b) Address to which communication including the results in the Examination are to be sent (in capital letters) _____

6. Educational Qualifications (Matriculation and onwards)

Year	School /College	Examination	Class / % Marks

7. Further study and / or Training

Year	Study or Training Received	Testimony Or Certificate obtained



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Dual Certification Programme – Scheme of Examination

1. Name in full (Capital Letters) _____
2. Father's/Husband's Name _____
3. Address to which communication is to be sent _____

4. Year in which elected as student member _____
5. Year in which testimony approved _____
6. Choice of Examination centre _____
7. Subjects in which the student has already passed with marks secured in each subject in each Semester
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____
 7. _____
8. Subjects in which assignments have been cleared
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____
 7. _____
9. Subjects in which student intends to appear
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____
 7. _____
10. Whether student's membership is up-to-date (candidates may please note that unless they are up-to-date in payment of subscription / fees, they will not be permitted to appear for examination) Yes / No
11. Particulars of Demand Draft enclosed No. _____ dated _____
(Payment by Cash / Money Order will not be accepted)

I hereby declare that all the particulars furnished above are correct and I undertake to abide by the rules and regulations laid down by the TPEB, ITPI and KSOU from time to time.

Signature of Applicant

Place: _____
Date: _____