



F/NO: AQRB/I/JULY 2011

**ARCHITECTS AND QUANTITY SURVEYORS
REGISTRATION BOARD**

P.O. BOX 72673, Dar es Salaam

TEL. 255 (022) 2110292 .

FAX... 255 (022) 2117535 .

E-Mail: info@aqrb.go.tz

Website: www.aqrb.go.tz

**APPLICATION FOR ADMISSION TO INTERMEDIATE PROFESSIONAL EXAMINATION THE BOARD IN
ARCHITECTURE FOR THE YEAR:**

1. Personal Particulars

Surname of applicant.....

Other names.....

Postal Address.....Tel.....Mobile.....

Fax.....E-mail.....

Date of Birth.....

Nationality.....

2 Examinations Subjects(tick relevant subjects)

Architecture	
Building Technology	
Building Services	
Professional Practice	

This form **must** be submitted with:

- (a) Two recent passport size photographs
- (b) Certified copies of academic certificates(form 4 & 6 and higher learning institution)
- (c) Signed Curriculum vitae
- (d) Covering letter of application

- I agree to abide by the Rules of Examinations applicable to the Syllabus indicated above.
- I understand that on passing the Examination I will not be eligible for Registration until I have passed the practical aspect of the Test of Professional Competence and the Oral interview conducted by the Board.

Date.....

Signature:

Other Particulars:

a) Academic Qualifications:-

S/N	University /Institution/ Secondary schools	Years		Academic Award
		From	To	

b) Professional Examinations Passed:-

.....

c) Are you a member of a Professional Association? Yes () No ()

If yes write the name of the association

(d) Give particulars and dates of any previous applications for this examination:

.....

Give full details of all past appointments since leaving School or College/Institute:

DATES		Employer's name, nature of business and location.	Position(s) held
From:	To:		

3 Details of Last Five Years Experience:

This section is intended to provide detailed information on the recent development of the Candidate's career with particular reference to his/her experience in basic skills and the relevant technology.

Detailed information is required to each period of employment during the five years up to the date of this application. Two sections are provided for candidate's use. If more are required, a separate sheet (using the same format) is to be attached to the form.

A significant change in the candidate's status or position within an organization may, at the discretion of the candidate, be treated as if it were a change in employment and separate particulars entered accordingly.

Space is provided so that the candidate may amplify and illustrate the details given by reference to particular tasks and projects with which he/she has been associated. This information should record work done personally by the candidate and the degree of responsibility undertaken.

5. Details of Previous Employment with:

(a)	Address of the office in which you were actually engaged.	
(b)	If employed in a FIRM, give date of establishment and Names of Partners or Directors. If employed by Government/Parastatal Organization, state name of chief officer. Is he/she a member of any Professional or Academic body?	

(g)	Date of appointment to present position.	
(h)	Type and size of projects upon which you have been or are engaged and the functions which you perform(ed) in relation thereto.	
(i)	Description of the work undertaken by you personally with an indication as to the proportion of time spent on the various functions.	
(j)	Degree of responsibility undertaken by you.	

7. Employer's Declaration:

Name of Head Office of Firm or Public Department and full address
(in **block letters**)

I recognize the importance which the Board attaches to the quality and nature of the education and Practical experience which entrants to the Architecture must receive during their period of training. I am aware of the degree of responsibility which I bear to the Candidate Mr./Mrs./Miss.....and hereby undertake to ensure that while in employment/department* and studying for the examinations, He/She will be encouraged to study diligently and will acquire proper experience in **Architecture**.

The candidate is employed in the capacity of and is engaged in the following
.....
.....

The candidate is employed/attached to our office located at..... and the name and qualifications of the person responsible for her/his training there is

.....
Signature	Name in block letters
.....
Official Capacity	Professional Qualifications

8, Declaration by Candidate:

I declare that the above are full and correct answers to the questions.

Date :..... **Signature**

9. Submission to:

The Registrar

Architects and Quantity Surveyors Registration Board

P.O.Box 72673 Dar es Salaam. Fax: 2117535

Tel: 211092; E-mail: info@aqrb.go.tz, Website: www.aqrb.go.tz

So as to reach the Board on the date announced in the public media.