

Light Vehicle Training Application / **Installment Payment Agreement (External)**

Registration no. : .....

1 Full name of the applicant: - .....  
.....

2 Address: - .....

3 NIC no. :- ..... Date of birth: - .....

4 Contact no. :- ..... Column code no. :- .....

5 Number of the existing driving license, if any: - .....

6 Medical certificate no. :- ..... Date: - .....

7 Date of written examination:-..... Date of practical examination:-.....

| 8 First installment | Amount | Bill no. | Date  |
|---------------------|--------|----------|-------|
|                     | .....  | .....    | ..... |
|                     |        | .....    |       |

| Second installment | Amount | Bill no. | Date  |
|--------------------|--------|----------|-------|
|                    | .....  | .....    | ..... |
|                    |        | .....    |       |

1. The training fee is Rs. 11000/= and this amount may be paid in two installments. The apprentices who get registered by paying the first installment should pay the second installment before termination of a three hour training period.
2. The relevant period of training is 10 hours (including the hour spent on the practical training) and action should be taken to complete the training within 06 months of the date of registration.
3. For no reason will your payment to our institution be refunded.

**I agree to the above conditions.**

Signature of the applicant :- .....

Date :- .....

.....

Principal

Heavy Vehicle Training Application / **Installment Payment Agreement (External)**

Registration no. : .....

1 Full name of the applicant: - .....  
.....

2 Address: - .....

3 NIC no. :- ..... Date of birth: - .....

4 Contact no. :- ..... Column code no. :- .....

5 Number of the existing driving license, if any: - .....

6 Medical certificate no. :- ..... Date: - .....

7 Date of written examination:-..... Date of practical examination:-.....

| 8 First installment | Amount | Bill no. | Date  |
|---------------------|--------|----------|-------|
|                     | .....  | .....    | ..... |
|                     |        | .....    |       |

| Second installment | Amount | Bill no. | Date  |
|--------------------|--------|----------|-------|
|                    | .....  | .....    | ..... |
|                    |        | .....    |       |

1. The training fee is Rs. 15000/= and this amount may be paid in two installments. The apprentices who get registered by paying the first installment should pay the second installment before termination of a three hour training period.
2. The relevant period of training is 10 hours (including the hour spent on the practical training) and action should be taken to complete the training within 06 months of the date of registration.
3. For no reason will your payment to our institution be refunded.

**I agree to the above conditions.**

Signature of the applicant :- .....

Date :- .....

.....

Principal

Three Wheeler Training Application / **Installment Payment Agreement (External)**

Registration no. : .....

1 Full name of the applicant: - .....  
.....

2 Address: - .....

3 NIC no. :- ..... Date of birth: - .....

4 Contact no. :- ..... Column code no. :- .....

5 Number of the existing driving license, if any: - .....

6 Medical certificate no. :- ..... Date: - .....

7 Date of written examination:-..... Date of practical examination:-.....

| 8 | Amount | Bill no. | Date  |
|---|--------|----------|-------|
|   | .....  | .....    | ..... |
|   |        | ..       |       |

9. The training fee is Rs. 6000/= and this amount should be paid in one installment.

10. Relevant period of training will be 05 hours and action should be taken to complete the training within 06 months of the date of registration.

11. For no reason will your payment to our institution be refunded.

**I agree to the above conditions.**

Signature of the applicant :- .....

Date :- .....

.....

Principal

Light Vehicle/Heavy Vehicle Training Application / **Installment Payment Agreement**  
(Only for employees in public and provincial public institutions)

Registration no. : .....

- 1 Full name of the applicant: - .....
- 2 Address: - .....
- 3 NIC no. :- ..... Date of birth: - .....
- 4 Contact no. :- ..... Column code no. :- .....
- 5 Number of the existing driving license, if any: - .....
- 6 Medical certificate no. :- ..... Date: - .....
- 7 Date of written examination:-..... Date of practical examination:-.....
- 8 

|                           |               |                 |             |
|---------------------------|---------------|-----------------|-------------|
| <b>First installment</b>  | <b>Amount</b> | <b>Bill no.</b> | <b>Date</b> |
| .....                     | .....         | .....           | .....       |
|                           |               | ....            |             |
| <b>Second installment</b> | <b>Amount</b> | <b>Bill no.</b> | <b>Date</b> |
| .....                     | .....         | .....           | .....       |
|                           |               | ....            |             |
| <b>Third installment</b>  | <b>Amount</b> | <b>Bill no.</b> | <b>Date</b> |
| .....                     | .....         | .....           | .....       |
|                           |               | ....            |             |

Approval of the Head of the Institution

I recommend to take action to pay the total amount of Rs. .... as the payment for (heavy/light) vehicle driving training under your institution for the employee Mr./ Mrs./ Miss. .... serving in ..... in ..... equal monthly installments.

Signature of the Head of the Institution ..... Date .....

Action should be taken to complete the training within 06 months of the date of your registration. For no reason will your payment to our institution be refunded.

**I agree to the above conditions.**

Signature of the applicant : - .....

Date : - .....

.....

Principal

Short term training application

Registration no. : .....

1 Full name of the applicant: - .....  
.....

..

2 Address: - .....

3 NIC no. :- ..... Date of birth: - .....

4 Contact no. :- .....

5 Driving license no.: - .....

| 6 | No. of hours | Amount | Bill no. | Date  |
|---|--------------|--------|----------|-------|
| . | .....        | .....  | .....    | ..... |

| 7 | No. of hours | Amount | Bill no. | Date  |
|---|--------------|--------|----------|-------|
| . | .....        | .....  | .....    | ..... |

| 8 | No. of hours | Amount | Bill no. | Date  |
|---|--------------|--------|----------|-------|
| . | .....        | .....  | .....    | ..... |

| 9 | No. of hours | Amount | Bill no. | Date  |
|---|--------------|--------|----------|-------|
| . | .....        | .....  | .....    | ..... |

10. For no reason will your payment to our institution be refunded.

**I agree to the above conditions.**

Signature of the applicant :- .....

Date :- .....

.....

Principal