Application for an International Driving Permit

The Secretary,

The Automobile Association of Bangladesh 3B, Outer Circular Road, Maghbazar, Dhaka-1217

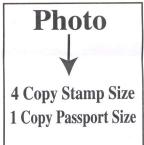
Opposite of Agora Shopping Center

Mobile: 01711-819958, 01611-819959

01979-299786

Office: 9361054, 9341342

Office Time: 10.30 am - 3:30 pm



| Dear | r Sir, | | |
|------------------|--|------------------------------------|--|
| | I wish to apply for an International Driving Permit. I enclose herewith in | original valid Bangladesh Driving | |
| Lice | nce No | Valid | |
| | Place of Issuetogether with my Photographs. If place of issue out of | | |
| Dha | aka District, photocopy of attested local driving licence by the | e B.R.T.A. and Photocopy of | |
| _ | sport data page with a sum of Taka 2500/= (Two thousand five | ve hundred) only. The physical | |
| fitne | ss declaration form on reverse has been completed. | age is not taken within one month | |
| | I confirm that fee authority will not be responsible, if the delivery of licer | ice is not taken within one month. | |
| IDP | PNo(Official Only)/20 Please Write in (Bl | LOCK LETTERS) | |
| 1. N | NAME IN FULL | | |
| 2. P | PLACE OF BIRTH (Only District) | | |
| 3. DATE OF BIRTH | | | |
| 4. A | ADDRESS (in short) | | |
| | | | |
| 5. B | BLOOD GROUP | | |
| 7. P | ASSPORT NODATE OF ISSUE | VALID UPTO | |
| 8 P | PHONE : OFFICE :MOBILE : | 1 | |
| | | Yours faithfully | |
| | | | |
| | | | |
| | DECLARATION AS TO PHYSICAL FITNESS OF APPLICATION | Applicant's signature | |
| | The application is required to answer "Yes or No" in the space provided op | posite to each question. | |
| (a) | Do you suffer from epilepsy or from sudden attack of disabling giddiness of fair | nting? | |
| (b) | Are you able to distinguish with each eye at a distance of 25 yards in good day-l | ight | |
| | (with glasses, if worn) a motor car number plate containing seven letters and fiq | ures? Yes / No 🗌 | |
| (c) | Have you lost either hand or foot and or are you suffering from any defect in | | |
| | movement control of muscular power of either arm or leg? | ☐ Yes / No ☐ | |
| (d) | Can you readily distinguish the pigmentary colour red and green? | ☐ Yes / No ☐ | |
| (e) | Do you suffer from night blindness? | ☐ Yes / No ☐ | |
| (f) | Do you suffer from a defect of hearing? | Yes / No | |
| (g) | Do you suffer from any other disease or disability likely to cause your driving or | f a | |
| | motor vehicle to be source of danger to the public? | Yes / No | |
| | | | |

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