Specimen Application From

DEPARTMENT OF MOTOR TRAFFIC

Written Examination for Registration of Assistant Driving Instructors – 2026

Medium appeared for the Examination (Write the relevant number in the box)
Sinhala - 1
Tamil - 2
English - 3
[ ]

01. (a) Name in Full (In English block letters) :.....
(E.g. HERATH MUDIYANSELAGE SAMAN KUMARA GUNAWARDHANA)

(b) Name with the Sir name at the beginning and the initials of the other names later (In English block letters) :.....
(E.g. GUNAWARDHANA, H. M. S. K.)

(c) Full Name (in Sinhala / Tamil) : .....

02. (a) Permanent address of the applicant (in English block letters) :.....

(b) Permanent Adress (in Sinhala / Tamil) :.....

(c) Name and the address of the Driving school (in English block letters) :.....

03. National Identity Card Number : [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

04. Gender : [ ]
Male - 0 (Write the relevant number in the box)
Female - 1

05. Telephone Number :

Mobile : [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Fixed : [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

06 Age and the Date of Birth of the applicant :

(a) Age ..... (b) Date of Birth .....

07. Educational Qualifications : .....

08. Experience : .....
(Attach confirming documents)

09. (a). The examination fee is Rs. 3,000/- and the receipt obtained in paying that amount affixed here. It will be useful to keep a photo copy of the receipt with you.

(b) He / she must confirm through an affidavit that he/ she is not an employee of a government, semi-government or other such institution other than when engaged in the training of drivers. (Those who have 06 months left to retire can also apply. Their instructor license will be issued only after retirement.)

I declare that the above information is correct in all respect to the best of my knowledge. I further declare that I will abide by the rules and regulations imposed by the Commissioner General of Motor Traffic regarding the conduct of the examination and the release of results.

....,
Date : Signature of the Applicant

Attestation of the Signature

I do hereby certify that Mr. / Mrs. / Miss ..... who is personally known to me has been placed his / her signature in my presence on this day of ..... and the receipt obtained in paying due examination fee has been affixed.

.....,
Signature of the Attester.

Name :.....
Position :..... **(Certify with the Official Seal)**
Address :.....
Date :.....