

# MAURITIUS INSTITUTE OF TRAINING AND DEVELOPMENT PROFESSIONAL DRIVERS TRAINING CENTRE

REFERENCE:

16ème Mille, Forest Side

Tel: 664 0046 / 48 Email: pdtcregistry@mitd.mu

### APPLICATION FORM FOR MOTORCYCLE RIDER TRAINING

Office Mobile
AGE
Y CARD NO.
OUND

#### 2.0 COURSE APPLYING FOR:

COURSE	Course Fee	Please tick	COURSE	Course Fee	Please tick
Motorcycle Rider Training - AM Category	Rs 8,500		Motorcycle Rider Training - A Category	Rs 12,500	
Motorcycle Rider Training - A1 Category	Rs 8,500		Motorcycle Rider Training - AM Category (Electric)	Rs 8,500	
Motorcycle Rider Training - A2 Category	Rs 12,500		Motorcycle Rider Training Part 1 (AM & A1)	Rs 5,000	
Others:			Motorcycle Rider Training Part 2 (AM & A1)	Rs 4,000	

#### **IMPORTANT NOTICE:**

APPLICANTS FOR ANY OF THE ABOVE TRAINING PROGRAMS SHOULD MAKE PROVISION FOR HIS/HER OWN PROTECTIVE EQUIPMENT DURING THE TRAINING. THE FOLLOWING EQUIPMENT ARE MANDATORY FOR A SUCCESSFUL ENROLMENT: A GOOD CONDITION MOTORCYCLE HELMET (PREFERABLY FULL FACE), A PAIR OF MOTORCYCLE GLOVES AND A PAIR OF SHOES (IDEALLY COVERING THE ANKLE). YOU ARE ADVISED THAT SINCE TRAINING WILL TAKE PLACE EVEN DURING RAINY DAYS, RIDERS WILL NEED TO MAKE HIS/HER OWN PROVISION FOR RAIN PROTECTIVE CLOTHING ON SUCH DAYS.

## **3.0 DRIVING LICENSE DETAILS**

	3.1 DRIVING LICENCE NO:	
	3.2 TYPE(S) OF VEHICLE FOR WHICH YOU ARE HOLDING A VALID	
	(FULL) DRIVING LICENCE:	
	3.3 TYPE(s) OF VEHICLE FOR WHICH YOU ARE HOLDING A	
	PROVISIONAL (LEARNER) DRIVING LICENCE:	
	4 HAVE YOU ALREADY PASSED ORAL TEST AT THE POLICE TRAFFIC BRANC THE COURSE YOU HAVE APPLIED FOR?	CH FOR YES / NO
3.	5 HAVE YOUR LICENCE EVER BEEN ENDORSED / SUSPENDED?	YES / NO
	6 DO YOU HAVE ANY SERIOUS DISEASE, PHYSICAL DISABILITY R MENTAL DISORDER?	YES / NO
	7 HAVE YOU BEEN CONVICTED OR CURRENTLY CHARGED FOR ANY CRIME OR MOTORING OFFENCE?	YES / NO
3.	8 IF THE ANSWER TO 3.5 $-$ 3.7 OF THE ABOVE IS 'YES', PLEASE GIVE DETA	ILS HERE
_		
	IF YOU ARE SPONSORED BY YOUR COMPANY PLEASE FILL IN THE DETAIL NAME OF COMPANY (SPONSOR):	
C	CONTACT PERSON : DESIGNATION	N:
P	POSTAL ADDRESS:	
	TEL NO FAX NO EMAIL ADDRESS:	
<b>-</b> 5.	DECLARATION OF SPONSOR	
I,	MR / MRS / MISS / Ms accept to spons	or our nominee (or personnel),
MI	R / MRS / MISS / Ms for the course (as sele	ected at 2.0) and to pay the
su	ım of Rs as course fee.	
Da	ate: SEAL OF ORGANISATION:	Signature of Sponsor
G	General Clause: 1. The MITD reserves the right not to run the courses.  2. Only successful applications will be acknowledged	
6.	DECLARATION OF APPLICANT:	
I.	, MR / MRS / Ms declare that (i)	the above information I have
-	given in this application is truthful, complete and correct; (ii) I have read and underst	
D	DATE :	Signature of Applicant