

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

1.0 BIO DATA							
1.1 SURNAME (Block Letters)							
1.2 OTHER NAMES (Block Letters)							
1.3 ADDRESS							
1.4 TEL: Home	Office Mobile						
1.5 EMAIL							
1.6 DATE OF BIRTH	AGE						
1.7 NATIONAL IDENTIT	CARD NO.						
1.8 ACADEMIC BACKGROUND							

2.0 COURSE APPLYING FOR:

COURSE	Course Fee	Please tick	COURSE	Course Fee	Please tick
Motorcycle Rider Training - AM	Rs 8,500		Motorcycle Rider Training -	Rs 12,500	
Category			A Category		
Motorcycle Rider Training - A1	Rs 8,500		Motorcycle Rider Training -	Rs 8,500	
Category			AM Category (Electric)		
Motorcycle Rider Training - A2	Rs 12,500				
Category					
Others:					

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:	
3.	.4 HAVE YOU ALREADY PASSED ORAL TEST AT THE POLICE TRAFFIC BRAN	CH FOR
IN	N THE COURSE YOU HAVE APPLIED 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 CRIMI OR MOTORING OFFENCE?	YES / NO
3.	.8 IF THE ANSWER TO 3.5 – 3.7 OF THE ABOVE IS 'YES', PLEASE GIVE DETA	AILS HERE
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N	TIF YOU ARE SPONSORED BY YOUR COMPANY PLEASE FILL IN THE DETAINAME OF COMPANY (SPONSOR): CONTACT PERSON:	
P	POSTAL ADDRESS:	
T	TEL NO FAX NO EMAIL ADDRESS:	
5.	DECLARATION OF SPONSOR	
I,	MR / MRS / MISS / Ms accept to spon	sor our nominee (or personnel),
Μ	R / MRS / MISS / Ms for the course (as se	lected at 2.0) and to pay the
SU	um of Rs as course fee.	
Da	ate: SEAL OF ORGANISATION:	Signature of Sponsor
C	General Clause: 1. The MITD reserves the right not to run the courses. 2. Only successful applications will be acknowledged	
6.	DECLARATION OF APPLICANT:	
Ι	, MR / MRS / Ms declare that (i	i) the above information I have
	given in this application is truthful, complete and correct; (ii) I have read and unders	•
C	DATE :	Signature of Applicant