

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 Sir,

I wish to apply for an International Driving Permit. I enclose herewith in original valid Bangladesh Driving Licence No. Issue date..... Valid..... Place of Issue **together with my Photographs. If place of issue out of Dhaka District, photocopy of attested local driving licence by the B.R.T.A. and Photocopy of passport data page with a sum of Taka 2500/= (Two thousand five hundred) only.** The physical fitness declaration form on reverse has been completed.

I confirm that fee authority will not be responsible, if the delivery of licence is not taken within one month.

IDP No.(Official Only)/20.....

Please Write in (BLOCK LETTERS)

1. NAME IN FULL
2. PLACE OF BIRTH (Only District)
3. DATE OF BIRTH
4. ADDRESS (in short)
5. BLOOD GROUP.....
6. OCCUPATION.....
7. PASSPORT NO.....DATE OF ISSUE.....VALID UPTO.....
8. PHONE : OFFICE :MOBILE :

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 opposite to each question.

- | | |
|--|--|
| (a) Do you suffer from epilepsy or from sudden attack of disabling giddiness of fainting? | <input type="checkbox"/> Yes / No <input type="checkbox"/> |
| (b) Are you able to distinguish with each eye at a distance of 25 yards in good day-light (with glasses, if worn) a motor car number plate containing seven letters and figures? | <input type="checkbox"/> Yes / No <input type="checkbox"/> |
| (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? | <input type="checkbox"/> Yes / No <input type="checkbox"/> |
| (d) Can you readily distinguish the pigmentary colour red and green? | <input type="checkbox"/> Yes / No <input type="checkbox"/> |
| (e) Do you suffer from night blindness? | <input type="checkbox"/> Yes / No <input type="checkbox"/> |
| (f) Do you suffer from a defect of hearing? | <input type="checkbox"/> Yes / No <input type="checkbox"/> |
| (g) Do you suffer from any other disease or disability likely to cause your driving of a motor vehicle to be source of danger to the public? | <input type="checkbox"/> Yes / No <input type="checkbox"/> |

For office use only
for Automobile Association of Bangladesh

Secretary/Asstt. Secretary

