

(Applicable only Category No:-31...34)

Payments	Receipt No.	Date

(Please attach the receipt of the payment)

**Application for Registration as a Service Provider for Repair and Maintenance of Motor Vehicles**

1. Category of repairs applied:-

Category No	Category Description	Expected Services offered

2. Name of Applicant : -.....

3. Name &Address Business Institution/ Firm: -.....

4. Telephone No: - ..... Fax No: - .....

5. Number of Business Registration: -.....

(Please attach a certified copy of Business registration)

6. Experience in the relevant field (years):-.....

7. Period of credit facilities offered: -.....

8. Details of other repairs undertaken: -.....

9. VAT Number, if any: -.....

10. Name of Government Departments/ Corporations/ Boards and recognized firms served during 2017.

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I/ We certify that the particulars furnished by me/us in this application are true and accurate. Further,  
I/ We hereby agree to the conditions issued by the Gampaha Wickramarachchi Ayurveda Institute

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Signature of Applicant  
(Affix Seal)

Date: - .....