



Motorsport Talent Hunt
Automobile Association of Bangladesh

Tel - +8802222221342

Email – aab@bangla.net.bd

Registration Form

Registration For: Volunteer Driver Both

(Please Fill-up the form in BLOCK LETTERS)

Name:

.....
.....

Date of Birth: Age:

.....

Father's Name:

.....

Mother's Name:

.....

ID (NID/ Passport/ BC):

.....
.....

Blood Group:

Address:

.....
.....
.....
.....

Do you have Driving License: Yes/No

Driving License No.:

.....
.....

Contact Number:

.....
.....

Email:

Applicant Physical Fitness Declaration:

.....
.....

The Applicant is required to answer "Yes or No" in the space provided opposite to each question.

1. Do you epilepsy or from sudden attack of disabling giddiness of fainting? Ans:

.....

Please provide
Two (02)
Passport Size
Photo

2. 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? Ans:
3. Have you lost either hand or foot and or are suffering from any defect in
 movement control of muscular power of either arm or leg? Ans:
4. Can you readily distinguish the pigmented of colour red or green? Ans:

5. Do you suffer from night blindness? Ans:

6. Do you suffer from a defect of hearing? Ans:

7. 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? Ans:

I declare that the information provided above is true at the best of my knowledge.

Date **Applicant Signature**

AAB Authority Signature