

EVIDENCE OF TRAINING CERTIFICATE

Trainer's Name (please print)

hereby certifies that

Applicant's full name (please print)

D.O.B : ____ / ____ / ____
(Applicant's date of birth)

DL No : _____
(Applicant's driver's licence number)

has satisfactorily completed
the prescribed course of study as a

PUBLIC PASSENGER BUS DRIVER

Signed : _____
(Trainer's signature)

Date : _____

Trainer Number : _____