

(Applicable only for Main category No: -24)

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 -2026**

1. Category of repairs applied: -

Subcategory 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.

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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 University of Indigenous
Medicine.

Date: -

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Signature of Applicant
(Affix Seal)