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Local Authorities Election – -06th May 2025 Application by Physically Disabled Persons for Special Transport Facility

Any person who is unable to travel to the polling station on foot or by a service provided by the Sri Lanka Central Transport Board or by a Regional Transport Board or by Sri Lanka Government Railways or by any public transport, by reason of any physical disability, may apply in writing to the Returning Officer of the District under Section 82G (4)(d) of the Act, by himself or on his behalf by any other person, not being a candidate, to use any vehicle for the purpose of such conveyance.

- 02. Application forms for this facility can be obtained from the District Elections Office, Divisional Secretariat, Grama Niladhari Office in the area of the relevant Local Authority or www.elections.gov.lk website. It is required under the law that the application for this facility should be sent to reach the Returning Officer (Local Authority) seven days, before the date of poll i.e. before 29th April 2025. If the Returning Officer is satisfied, he will issue a permit to the person to use special transport facility.
- It will enable the Returning Officer to take a decision easily, if the application is 03. accompanied with a medical certificate obtained from a Registered Medical Practitioner (Western or Indigenous) confirming that the applicant is unable to travel by foot or by public transport to the polling station. When a request is made by such person to a Government Medical Officer, Registered or Assistant Medical Practitioner to examine the applicant and issue a Medical Certificate, such certificate should be able issued free of charge. Name and the registration number of the Medical Practitioner should be stated in the medical certificate when it is issued by a Private Medical Practitioner (Western or Indigenous).
- 04. If the individual holds a Temporary Disabled Identity Card valid for 10 years, issued by the Election Commission for persons with disabilities, a photocopy of such identity card, in place of a medical report, is sufficient to confirm the physical disability.

Saman Sri Rathnayaka

Commissioner General of Election













LAE/2025/DVT

Local Authorities Elections – 2025 Local Authorities Elections Ordinance (Chapter 262)

Application form to be sent under Section 82G (4)(d) by a physically disabled person to use a vehicle

(Name of the Local Authority) 1. Details of physically disabled person: a. Full Name :	То	ne Returning Officer of
a. Full Name b. Postal Address: c. Polling Division Polling district and Serial Number (if known) of Registration in the Electoral Register :	1	•
b. Postal Address :	1.	
c. Polling Division Polling district and Serial Number (if known) of Registration in the Electoral Register:		a. Full Name :
the Electoral Register :		b. Postal Address :
 Brief Description of the physical disability :		c. Polling Division Polling district and Serial Number (if known) of Registration in
3. Name and address of the person if the application is made on behalf of the physically disabled person: 4. I am sending herewith a Medical Certificate from Government Medical Officer/ Registered or Assistant Medical Practitioner/ Ayurvedic Doctor/ Private Medical Practitioner. (If you have a temporary disabled identity card issued by the Election Commission for persons with disabilities. submit a photocopy of it along with this instead of a medical certificate). Name of the Medical Practitioner: Registration Number: 5. I state that due to my physical disability/ the person who is subject to physical disability detailed in paragraph 2 am/ is unable to convey himself on foot or by a service provided by the Sri Lanka Transport Board or the Sri Lanka Government Railway or by any other public transport to the Polling Station. 6. I request that a permit be issued to me or to the person who is subject to physical disability to use any vehicle to convey to the Polling Station to enable to cast vote.		the Electoral Register :
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	6.	
Signature or Thumb Impression of the physically disabled person / or the other person who is making the application		Signature or Thumb Impression of the physically disabled person / or the other person who is making
Date:	Da	