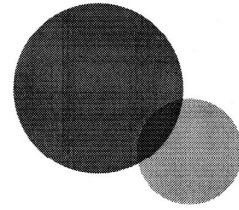


IELTS™

Application form



Please return to:

PLEASE WRITE IN BLOCK CAPITALS

- 1 Preferred date of test

d	d	m	m	y	y
---	---	---	---	---	---

 second choice

d	d	m	m	y	y
---	---	---	---	---	---
- 2 Test city location

M	U	M	B	A	I
---	---	---	---	---	---
- 3 Last name (family name/surname)

M	U	K	E	S	H
---	---	---	---	---	---
- 4 Title (Dr/Mr/Mrs/Miss/Ms)

M	R
---	---
- 5 First (given) name(s)

N	E	I	L	N	I	T	I	N
---	---	---	---	---	---	---	---	---

These names must be the same as the names on your passport/National Identity Card and must appear in the same order.

- 6 Which IELTS test module are you taking? (tick one box only) Academic ☒ General Training ☐
 Please note that it is the candidate's responsibility to select the test module that best meets their needs.
 The General Training module is not available on every test date.

- 7 Address: Please note you will only be sent **one** copy of your results.

B	/	4	0	4	G	R	A	N	T	R	O	A	D	G	O	L	D	E	N	P	L	A	Z	A
N	E	A	R	K	H	O	D	A	D	C	I	R	C	L	E									

 Zip/Postal code

4	0	0	6	1	2
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- 8 Telephone

9	6	1	9	1	5	8	2	0	0	9	1	2	4
---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Mobile number

--	--	--	--	--	--	--	--	--	--	--	--	--	--
- 9 Email

n	e	i	l	@	g	m	a	i	l	-	c	o	m
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Please provide full and accurate contact information including postal address, phone and mobile number and email which are in constant and valid use. The test centre or the IELTS Test Partner may contact candidates before or after the test to access the full test registration and administration.

- 10 Date of birth

d	d	m	m	y	y
---	---	---	---	---	---

 11 Gender **F** **M** (circle as appropriate)

- 12 Please indicate which document you will be using as proof of identity and give the number below.

Candidates taking the test outside their own country must use a current passport.

You must bring the ID document indicated below to the test. This is the only form of identity that will be accepted on the test day.

The document must be valid/not expired at registration and on the test day.

Passport ☐ National Identity Card ☐
 Passport or National Identity Card number

K	J	1	7	7	6	4	0	9
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For office use only

scheme

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date of payment

d	d	m	m	y	y
---	---	---	---	---	---

ID checked ☐

AC ☐

GT ☐

test date

d	d	m	m	y	y
---	---	---	---	---	---

receipt number

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Administrator's initials

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