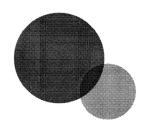
IELTSApplication form

AC GT



Please return to:		
PLEASE WRITE IN BLOCK CAPITALS		
Preferred date of test d d m m y y second choice d d m	m y y	
Test city location M U M B A I		
3 Last name (family name/surname) MUKESH		
Title (Dr/Mr/Mrs/Miss/Ms) M R		
5 First (given) name(s) NEILNITIN	¥ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
These names must be the same as the names on your passport/National Identit and must appear in the same order.	ty Card	
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.		
Address: Please note you will only be sent one copy of your results.		
B/404 GRANT ROAD GOLDEN PLAZA		
NEAR KHODAD CIRCLE		
Zip/Postal code 4 0 0 6 1 2		
8 Telephone 96191582009124		
Mobile number		
1 Email neil@gmail.com		
Please provide full and accurate contact information including postal address, phone and mobile number and email which are in or	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 access to the full test registration and access the full test registration access the full test registration and access the full test registration access the full test registration access to the full test regist	dministration.	
Date of birth d d m m y y Gender F M (circle as app	propriate)	
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.	ау.	
Passport National Identity	/ Card	
Passport or National Identity Card number KJ1776409		
For office use only		
scheme test date d d m m y y		
date of payment d d m m y y receipt number		
ID checked Administrator's initials		

For questions 13–16 please enter codes and the name of the country of nationality and first language. You can find codes on pages ii–iv. Please take care and enter this information accurately.

If the codes you enter here are incorrect, the information on your Test Report Form will also be incorrect.

(13)	Country of nationality (code) 1 0 2
	Country of nationality (name) NDIA
14	First language (code) OO7
	First language (name) E N G L I S H
(15)	Occupation (sector) if other, please specify
	Occupation (level) if other, please specify
16	Why are you taking the test? if other, please specify
17	Which country are you applying to/intending to go to? (tick one box only)
	Australia Canada New Zealand Republic of Ireland United Kingdom
	United States of America other, please specify
18	Where are you currently studying English (if applicable)?
	Classes
(19)	What level of education have you completed? (tick one box only)
	secondary up to 16 years secondary 16–19 years degree or equivalent postgraduate
(20)	How many years have you been studying English? (tick one box only)
	1 (or less than) 2 3 4 5 6 7 8 9 (or more)
20	Do you have a permanent disability, such as a visual, hearing or specific learning difficulty, which requires special arrangements (for example, modified material, extra time, use of technology, etc.)? yes no
	If yes, please specify your requirements below. You must attach original supporting medical evidence to this form. The medical evidence must be in the form of a report prepared in a period no more than two years before the test date. You must submit requests for modified test materials at least three months before the test.