

Examination Registration Form

FOR OFFICE

Please fill the form in **CAPITAL LETTERS**.

Certificates will be prepared as per the information furnished here.



Affix a
passport size
photo here

Participant Number. _____

Internal External

External Students only: I have learnt German _____ level

in _____ Institut

DD No. _____

Date of the Examination _____

International Examination

FIT 1
(below 17 years)

A2 FIT
(below 17 years)

GZ A1 SD1

GZ A2

GZ B1

GZ B2

GZ C1

GZ C2 - GDS

Module (B1, B2 & C2 GZ Exam)

Lesen/Reading

Horen/Listening

Schreiben/Writing

Sprechen/Speaking

Surname _____

Given Name _____

Date of Birth (DD/MM/YYYY) _____

Place of Birth _____

Nationality _____ Mother Tongue _____ Occupation _____

Purpose to learn the Language: Higher Education in Germany Family reunion in Germany
 Business in Germany Others - Please specify _____

Have you appeared for Goethe Examination before? Yes No

If Yes, when & where _____

Address for communication _____

Mobile No. _____ EMail _____

I have gone through the attached terms and conditions of the examination and accept the same.

Date _____

Signature _____

PARTICIPANT NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME	_____								
EXAM LEVEL	<input type="checkbox"/> FIT 1	<input type="checkbox"/> A2 FIT	<input type="checkbox"/> A1	<input type="checkbox"/> A2	<input type="checkbox"/> B1	<input type="checkbox"/> B2	<input type="checkbox"/> C1	<input type="checkbox"/> C2	
EXAM DATES	_____				EXAM TIMINGS	_____			
AMOUNT PAID	<input type="checkbox"/> INR _____	<input type="checkbox"/> CASH	<input type="checkbox"/> DD	DD Number	_____				
DATE	_____				Office Seal & Signature	_____			





Declaration of consent concerning data security

Examinations conducted by Goethe-Instituts are recognized as a proof of language ability in the new Immigration Act for reunification of spouses in the visa process. In order to check the genuineness of the issued examination certificates while visa is being processed, the authorities concerned from the Ministry Of External Affairs have to obtain Name, Examination results and the certificate numbers of such examinees who have appeared and passed the exams for the visa purpose.

By signing this declaration of consent for data security the examinee declares that he / she agrees to the passing of his / her personal data to the concerned authorities from the Ministry Of External Affairs. The examinee can revoke his / her declaration of consent for data security to be effective in the future.

The declaration of consent is voluntarily given on one's own accord. If the consent is not given or revoked, the authorities from Ministry Of External Affairs cannot check the genuineness of the Examination certificate with data available from Goethe Institut. In such cases the onus of proving the validity of the certificate lies entirely on the visa applicant.

With this in mind the examinee declares the following:

Hereby I, _____
(Given & family name)

Give permission to Goethe-Institut, Chennai to forward my personal data of the examination appeared by me such as my Name, my Examination result, the certificate number to the German Embassy / German Consulate in Chennai for counter checking for visa processing.

Place, Date

Signature

Please note:

- No refund/transfer is possible.
- Please be at the center 30 minutes before the start of the exam.
- External students have to bring any one original ID Proof for the exam.
(Passport, Driving Licence, Voter's ID)

