



## **IELTS Application Test Date Transfer & Cancellation Policy**

(Applicable to candidate appearing at IDP: IELTS Australia -  
Test Centre IDP Education India Pvt. Ltd.)

The application must be supported by adequate and required supporting documents / evidence, without which the application will not be considered. The decision of the centre will be final and binding on the candidate.

### **Request for Transfer of Test Date**

A request using the "Test Date Transfer & Cancellation Form" for transferring of a test date (i.e. postponement or pre-ponement) to another date must reach the centre at least five (5) weeks prior to the original test date. The allocation of the next test date will be at the sole discretion of the centre and subject to availability. An administrative charge will be applicable respectively for:

- IELTS INR 2,950 (Two Thousand Nine Hundred and Fifty only) (including service tax)
- IELTS for UVKI INR 4,410 (Four Thousand Four Hundred and Ten only) (including service tax)
- Life Skills INR 3,310 (Three Thousand Three Hundred and Ten only) (including service tax)

The charge should be deposited in IDP branch (Demand Draft or ICICI cash deposit slip, Allahabad Bank cash deposit slip or Credit Card/Debit Card Swipe) or should be couriered to:

IDP Education India Pvt. Ltd.,  
6<sup>th</sup> Floor, Plot # 32  
Global Business Square  
Sector 44, Gurgaon 122 003  
Telephone +91 124 4445 999

(Demand Draft or ICICI cash deposit slip or Allahabad Bank cash deposit slip).

The demand draft should be drawn in favour of "IDP EDUCATION INDIA PRIVATE LIMITED payable at New Delhi.

No requests will be accepted after the cut-off period i.e. Less than five (5) weeks prior to the test date.



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### **Request for Cancellation / Withdrawal**

All applications for withdrawal, cancellation and refund must be sent to the centre using the Transfer & Cancellation Form along with the original receipt of payment of the test fee. An administrative charge will be applicable respectively for:

- IELTS INR 2,950 (Two Thousand Nine Hundred and Fifty only) (including service tax)
- IELTS for UVKI INR 4,410 (Four Thousand Four Hundred and Ten only) (including service tax)
- Life Skills INR 3,310 (Three Thousand Three Hundred and Ten only) (including service tax)

If the application for such withdrawal is received five (5) weeks (i.e. 34 days) prior to the test date, the balance of:

IELTS INR 8,775 (Eight Thousand Seven Hundred and Seventy Five only) (Including Service Tax)

**Note: IELTS test transfer fee balance of INR 8,850** will be refunded to the applicant within four (4) weeks from the test date for which the candidate was registered. Requests received, less than five (5) weeks (i.e. 34 days) prior to the test date will not be accepted and no refund will be applicable.



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### **Request under "Extraordinary Circumstances" - Prior to the test date**

A request received by the centre less than five (5) weeks (i.e. 34 days) prior to the test date, but before the commencement of the test will be treated as a Transfer, subject to the application fulfilling the conditions of Extraordinary Circumstances as listed hereunder and the centre accepting the application;

- Serious illness - linked to hospital admission or other serious illness making the candidate not able to sit the test. For example typhoid, jaundice, eye flu, infectious disease, surgery etc. Please note, ordinary viral fever, and cough, cold, stomach upset etc. will not be considered
- Serious injury - linked to hospital admission, or injury such as fracture of the hand used for writing etc.
- Loss or bereavement - death of a close family member, hardships / trauma
- Victim of crime
- Victim of a traffic accident
- Loss of Passport after applying for the test
- Passport submitted to Passport office for any services, after applying

For an application to be considered under this category, the candidate must submit an application in writing, along with the relevant document (original or certified copy) attested by a first class government officer.

N.B: the original from the below list of documents must be brought along with the application and shown to the centre administrator.

- Medical certificate signed by a registered medical practitioner and bearing his/her registration number
- Hospital admission certificate and discharge summary (in case of hospitalization)
- Police report/FIR
- Death certificate signed by a registered medical practitioner and bearing his/her registration number
- Receipt from the Passport Office detailing the passport number and the expected date of when the passport will be returned



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On receipt of such a request, the Administrator will verify facts and make a decision to either accept or reject the application, without giving a reason.

Once an application is accepted under Extraordinary Circumstances, only a transfer request will be considered and an administrative charge of:

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(Demand Draft or ICICI cash deposit slip or Allahabad Bank cash deposit slip).

The demand draft should be drawn in favour of "IDP EDUCATION INDIA PRIVATE LIMITED payable at New Delhi.

The request for such cases will be considered on a case to case basis and the decision of IDP Education India Private Limited will be final and binding.



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### **Request under "Extraordinary Circumstances" – Post-test date**

All requests, received by the centre no later than close of business on the next working day from the test date, may be considered as a Transfer, subject to the application fulfilling the conditions of Extraordinary Circumstances supported by relevant documentary evidence clearly stating that any one of the below listed mishaps took place on the test date, but before the candidate could reach the test centre, thereby preventing the candidate from reaching the test centre in time for the test. Only any one of the following conditions will be considered;

- Loss or bereavement - death of a close family member, hardships / trauma on the test day, before the candidate could leave for the test
- Victim of crime on way to the test venue
- Victim of a traffic accident on way to the test venue
- Loss of Passport on way to the test venue
- Could not travel to the test venue due to Strike/Bandh, Riots or other similar circumstances

For an application to be considered under this category, the candidate must submit an application in writing, along with the relevant original document or a certified copy of the document, attested by a first class government officer.

N.B: the original from the below list of documents must be brought along with the application and shown to the centre administrator;

- Medical certificate signed by a registered medical practitioner and bearing his/her registration number
- Hospital admission certificate and discharge summary (in case of hospitalization)
- Police report/FIR
- Death certificate signed by a registered medical practitioner and bearing his/her registration number
- Receipt from the Passport Office detailing the passport number and the expected date of when the passport will be returned

On the receipt of such a request, the Administrator will verify facts and will make a decision to either accept the request or reject the application, without giving a reason for the rejection.



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The request for such cases will be considered on a case to case basis and the decision of IDP Education India Private Limited will be final and binding.

The allocation of the next date of test will be at the sole discretion of the centre, subject to availability and based on a case to case basis.



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*Disclaimer: The International English Language Testing System (IELTS) is designed to be one of many factors used by academic institutions, government agencies, professional bodies and employers in determining whether a test taker can be admitted as a student or be considered for employment or for citizenship purposes. IELTS is not designed to be the sole method of determining admission or employment for the test taker. IELTS is made available worldwide to all persons, regardless of age, gender, race, nationality or religion, but it is not recommended to persons under 16 years of age.*

*British Council, IDP: IELTS Australia and Cambridge English Language Assessment and any other party involved in creating, producing, or delivering IELTS shall not be liable for any direct, incidental, consequential, indirect, special, punitive, or similar damages arising out of access to, use of, acceptance by, or interpretation of the results by any third party, or any errors or omissions in the content thereof.*

If you need any clarification / assistance, please feel free to get in touch with your:

IDP: IELTS Test Centre, Gurgaon:

Telephone **+91 124 444 5999**  
Toll Free number **1800 102 4544**

Email: [ielts.india@idp.com](mailto:ielts.india@idp.com)  
Visit: [www.ieltsidpindia.com](http://www.ieltsidpindia.com)

For more details on the test and related facilities. I have read the above and have understood the same and agree with the terms and conditions laid out.

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<i>Information Description</i>	<i>Use below box spaces to fill in/complete your details</i>
Applicant's Signature:	
Applicant's Name:	
Date:	( _ / _ / _ )
Place:	
Test Date: (dd/mm/yyyy)	( _ / _ / _ )
Request for: Tick Appropriate Box	<input type="checkbox"/> Transfer <span style="margin-left: 150px;"><input type="checkbox"/> Cancellation</span>

Personal Details: (MUST be the same as provided in the Application form)

First & Middle Name:	
Family Name:	
Passport no.:	
Address:	
Mobile no./Landline no. (along with city/country code):	
Email address:	
Test Date Registered for: (dd/mm/yyyy)	( _ / _ / _ )
Centre Name & No.:	
New Test Date (if applying for Transfer): (dd/mm/yyyy)	1 <sup>st</sup> Choice: ( _ / _ / _ ) 2nd Choice: ( _ / _ / _ )
Candidate Statement (to be completed by the candidate): Please detail your grounds for applying for <u>cancellation</u> or a test date <u>transfer</u> . Attach an extra sheet if there is insufficient space.	
Candidate Signature:	Date: ( _ / _ / _ )





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### Supporting Documentation / Evidence: Medical

This form must be accompanied by an original medical certificate. Professional Practitioner Certificate (to be completed by medical practitioner)

Date(s) of consultation: (   /\_ /\_ )

Candidate affected on the test day (please circle appropriate letter)

- A. totally unable to sit exam: Specify period
- B. very severely affected but able to sit exam: Specify period
- C. severely affected but able to sit exam: Specify period
- D. moderately affected but able to sit exam: Specify period
- E. slightly affected but able to sit exam Specify period
- F. unable to assess ability to sit exam: Specify period

Candidate affected at some prior to the test day (please circle appropriate reason)

Remarks: Nature of illness and other relevant information (with reference to the candidate's capacity to sit an exam) which will assist in any assessment of this application for special consideration.

### Medical Practitioner's Details

Practitioner Name:	
Address:	
Phone no.:	
Provider no. (if applicable):	
Stamp:	Stamp here using <u>Medical Practitioner Seal</u> (if any):
Signature	
Date: (dd/mm/yyyy):	(   /   /   )

Supporting Documentation/Evidence: Other (police report, military service notice, death notice).

The information on this form is collected for the primary purpose of assessing your request for a refund/test date transfer. If you choose not to complete all the questions on this form it may not be possible for the test centre to process your request.



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*Test Centre Internal Use Only (to be attached with each application form)*

Previous Request for Cancellation/Transfer:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Supporting Documentation/Evidence Submitted:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

- Medical certificate: Original **MUST** be submitted
- Hospital admission certificate: Original / Certified copy (circle as applicable)
- Police report / FIR: Original / Certified copy (circle as applicable)
- Death certificate: Original / Certified copy (circle as applicable)
- Receipt from Passport Office: Original / Certified copy (circle as applicable)

Any other support / evidence (Please specify below):

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Received by Date: (dd/mm/yyyy):	
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### Decision of the Centre:

Approved for Transfer:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Approved for Refund:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Authorized date: (dd/mm/yyyy):	( / / )	
Authorized by Name:		
Centre Stamp:	Stamp here using <u>Appropriate Centre Seal</u> :	



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### Candidate's Financial Details for Transfer/ Cancellation / Refund

*Please mention candidate's financial details for refund purpose:*

**Important:** *Please submit a cancelled cheque along with the EOR/Cancellation Form*

Beneficiary name (candidate):	
Passport no.:	
Bank name:	
Bank branch address:	
Bank account no.:	
IFSC code:	

For any further assistance, kindly call us at:

**1800 102 4544** (Toll free) from Monday to Saturday between 09:00 am to 05:30 pm on working days.