

Transfer, Cancellation & Refund Application Form

Applicable to candidates 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/Refund Application Form for transferring of a test date (i.e., postponement or preponement) to another date must be made to the Centre at least fifteen (15) days 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. All payments for the transfers must be made using the payment options as mentioned under the Payment clause hereinabove. No requests will be accepted after the cut-off period i.e., less than fifteen (15) days prior to the original test date.

Test Type	Fees
PB IELTS	INR 4,050
PB IELTS for UKVI	INR 4,125
CD IELTS	INR 4,050
CD IELTS for UKVI	INR 4,125
IELTS for Life Skills	INR 3,825

Payment: All payments for the test fee, transfers must be made using the following payment options:

Payment Mode	Description
Demand Draft / Pay Order	Order must be made from a nationalized/scheduled bank and drawn in favour of "IDP Education India Private Limited" payable at New Delhi.
Cash deposit slips	HDFC & ICICI
Debit & Credit cards	Master/Visa
Card swipe	Facility available at all IDP branch offices across India

All payments at www.ieltsidpindia.com must be made through the payment options available on the website.

Request for Cancellation: All applications for cancellation and refund must be sent to the Centre using the Test Date Transfer & Cancellation /Refund Application Form along with the original receipt of payment of the test fee. If the application for cancellation is received fifteen (15) days prior to the test date. The balance of IELTS test fees inclusive of all taxes will be refunded to the candidate within ten (10) to twelve (12) working days from the date of application. Requests received, less than fifteen (15) days prior to the test date will not be accepted and no refund will be given to the candidate.

Test Type	Refund Amount
PB IELTS	INR 12,200
PB IELTS for UKVI	INR 12,375
CD IELTS	INR 12,200
CD IELTS for UKVI	INR 12,375
IELTS for Life Skills	INR 11,525

Request under "Extraordinary Circumstances" - Prior to the test date: A request received by the Centre less than fifteen (15) 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:

- a. 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, cough & cold, stomach upset etc. will not be considered
- b. Serious injury - linked to hospital admission, or injury such as fracture of the hand used for writing etc.
- c. Loss or bereavement - death of a close family member, hardships / trauma
- d. Victim of crime
- e. Victim of a traffic accident
- f. Loss of Passport after applying for the test
- g. Passport submitted to passport office for any services, after applying

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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.

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

On receipt of such a request, the Centre 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 will be levied. All payments for the request must be made using the payment options as mentioned under Payment clause hereinabove. The request for such cases will be considered on a case-to-case basis and the decision of Centre 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 on a case-to-case basis.

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 Assessment English 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.

For further assistance, kindly contact us from Monday to Saturday between 09:00 am to 05:30 pm on our Toll Free Number 1800 102 4544 or email us @ ielts.india@idp.com

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Use below box spaces to fill in/complete your details:

Item Head	Description Details
Candidate Name:	
Candidate Signature:	
Date: dd/mm/yyyy:	
Place:	
Test Date:	
Request for: Transfer/Cancellation (please specify appropriate request)	
Date of Transfer/Cancellation: dd/mm/yyyy:	

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

Item Head	Description Details
Candidate First & Given Name:	
Candidate Family Name:	
Passport No.:	
Address:	
Contact No.: Mobile/Landline	
Email ID:	
Candidate Statement:	
(TO BE COMPLETED BY THE CANDIDATE) PLEASE PROVIDE DETAILED INFORMATION IF APPLYING FOR CANCELLATION OR TEST DATE TRANSFER.	
ATTACH AN EXTRA SHEET IF THERE IS INSUFFICIENT SPACE.	
Test Registered for: dd/mm/yyyy	

New test date if applying for a "Transfer"

Choice of test date	Tick appropriate box
First choice: dd/mm/yyyy	<input type="checkbox"/>
Second choice: dd/mm/yyyy	<input type="checkbox"/>

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Candidate Financial Details for Transfer / Cancellation / Refund Application Request Form

Please complete the below form using CAPITAL / UPPER CASE only to process your request.

Important: Please submit a cancelled cheque along with the Transfer / Cancellation / Refund Application Request Form

Candidate/Beneficiary Name:	
Candidate Number:	
Bank Name:	
Bank Branch Address:	
Bank Account No.:	
Bank IFSC Code:	
Contact No: Mobile/Landline	
Passport No.:	
Candidate Address: Permanent/Correspondence (Please specify by circling the appropriate address type)	
Candidate Signature:	

Medical Practitioner's Details

Practitioner Name:	
Address:	
Contact No.: Mobile/Landline	
Medical Practitioner's Seal:	
Practitioner 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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For Internal Use Only

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

Description	Tick Appropriate Box for original copy	Tick Appropriate Box for certified copy
Medical certificate (original copy mandatory)	<input type="checkbox"/>	<input type="checkbox"/>
Hospital admission certificate	<input type="checkbox"/>	<input type="checkbox"/>
Police report / FIR	<input type="checkbox"/>	<input type="checkbox"/>
Death certificate	<input type="checkbox"/>	<input type="checkbox"/>
Receipt from Passport Office	<input type="checkbox"/>	<input type="checkbox"/>

Specify additional information/evidence(s) in the boxed spaced below (if any):