

## Application for Additional Test Report Form (ATRF)

If you would like an ATRF that you did not request for in your original application form, please complete the form below and send it, **along with the applicable fees**, via courier/ post to:

**BC Examinations and English Services India Pvt. Ltd.**  
6th Floor, One Horizon Centre, Sector 43  
Golf Course Road, Gurgaon – 122002

Please note that ATRFs can only be sent to institutions. **The ATRF cannot be issued to test takers or any individual.**

Each Institution/ Receiving Organisation (RO) has a preferred mode of receiving the IELTS Test Report Form (TRF). Please refer to the STED RO list in the following link: <https://www.britishcouncil.in/exam/ielts/results> to check the mode in which the Institution/ RO accepts the IELTS test results.

Following administrative charges are applicable for sending the ATRF:

- **Electronic copy** ₹ 200
- **Registered airmail** ₹ 250
- **Courier to international destinations** ₹ 1250 per universities / receiving institutions

Mode of payment of fees: The payment must be made only through a Demand Draft (DD). The DD must be drawn in favour of **'British Council'**, **payable at New Delhi** and must be sent along with this application.

*We recommend that you confirm the preferred mode of receiving the ATRF with the Institution/ RO before sending the ATRF application form.*

Along with this application, ensure to attach: • Photocopy of your IELTS test report form (TRF) • Photocopy of your passport • DD

### Disclaimer:

ATRF will be processed within a period of 10 days from the receipt of the ATRF application form and the payment.

After the dispatch of the TRF and the ATRF through courier / speed post, the British Council shall not be liable whether in contract, tort, negligence, breach of statutory duty or otherwise, for any indirect loss or damage, costs or expenses whatsoever or howsoever arising out of or in connection with, the dispatch and delivery of the TRF and ATRF, to any candidate.

Candidate Name:							
Candidate Registration Number:		Test Date:		Test Location:		Courier Paid:	
Candidate Address:							
Telephone Number:							
Email Address:							
<b>Address 1:</b> Name and Address of College / Institution / University*:  Name of Department Head:  Email id of the Department Head:  Contact Number of the Department Head: (please pre-fix standard international country / dialling code)					<b>Mode of sending the ATRF</b> (Select any one of the below) <div style="margin-top: 10px;"> <input type="checkbox"/> Electronic copy  <input type="checkbox"/> Airmail  <input type="checkbox"/> Courier         </div>		
<b>Address 2:</b> Name and Address of College / Institution / University*:  Name of Department Head:  Email id of the Department Head:  Contact Number of the Department Head: (please pre-fix standard international country / dialling code)					<b>Mode of sending the ATRF</b> (Select any one of the below) <div style="margin-top: 10px;"> <input type="checkbox"/> Electronic copy  <input type="checkbox"/> Airmail  <input type="checkbox"/> Courier         </div>		

<b>Address 3:</b> Name and Address of College / Institution / University*:  Name of Department Head:  Email id of the Department Head:  Contact Number of the Department Head: (please pre-fix standard international country / dialling code)		<b>Mode of sending the ATRF</b> (Select any one of the below)  <input type="checkbox"/> Electronic copy <input type="checkbox"/> Airmail <input type="checkbox"/> Courier
<b>Address 4:</b> Name and Address of College / Institution / University*:  Name of Department Head:  Email id of the Department Head:  Contact Number of the Department Head: (please pre-fix standard international country / dialling code)		<b>Mode of sending the ATRF</b> (Select any one of the below)  <input type="checkbox"/> Electronic copy <input type="checkbox"/> Airmail <input type="checkbox"/> Courier
<b>Address 5:</b> Name and Address of College / Institution / University*:  Name of Department Head:  Email id of the Department Head:  Contact Number of the Department Head: (please pre-fix standard international country / dialling code)		<b>Mode of sending the ATRF</b> (Select any one of the below)  <input type="checkbox"/> Electronic copy <input type="checkbox"/> Airmail <input type="checkbox"/> Courier

*\*Please provide full address of the College / Institution / University to ensure successful delivery of the TRF. Addresses with only a P.O. Box number will be considered incomplete and your application may not be accepted.*

*\*\*Please provide a File / Application Number, wherever available. This number will help us process your request faster.*

I certify that the information on this form is complete and accurate to the best of my knowledge and authorise the IELTS Test Partners to forward a copy of my ATRF to the department/s and institution/s listed above.	
Signature of the Candidate:	Date:

For office use only			
Form received at the British Council on:			Initials of the person who processed the form:
Initials of the person who received the form:			Duplicates sent on: (Date)
Receipt Number:			Courier charges paid: