

Test Report Form

ACADEMIC

NOTE Admission to undergraduate and post graduate courses should be based on the ACADEMIC Reading and Writing Modules. GENERAL TRAINING Reading and Writing Modules are **not** designed to test the full range of language skills required for academic purposes. It is recommended that the candidate's language ability as indicated in this Test Report Form be re-assessed **after two years** from the date of the test.

Centre Number Date Candidate Number

Candidate Details

Family Name
First Name
Candidate ID



Date of Birth Sex (M/F) Scheme Code

Country or Region of Origin

Country of Nationality

First Language

Test Results

Listening Reading Writing Speaking Overall Band Score CEFR Level

Administrator Comments

Centre stamp



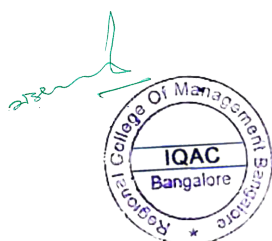
Validation stamp



Administrator's
Signature

Date

Test Report Form Number



DIRECTOR
REGIONAL COLLEGE OF MANAGEMENT BANGALORE
Devanahalli, Bangalore

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Centre Number

IA090

Date

03/JUL/2020

Candidate Number

501042

Candidate Details

Family Name

SURYNARAYAN

First Name(s)

ABHISHEK

Candidate ID

T4570447



Date of Birth

14/04/1997

Sex (M/F)

M

Scheme Code

Private Candidate

Country or Region of Origin

Country of Nationality

INDIA

First Language

KANNADA

Test Results

Listening

6.0

Reading

7.0

Writing

6.0

Speaking

6.0

Overall Band Score

6.5

CEFR Level

B2

Administrator Comments

Empty box for Administrator Comments.

Centre stamp



Validation stamp



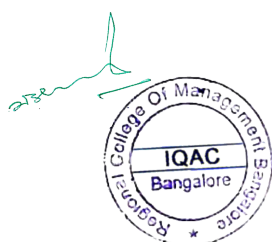
Administrator's Signature

Date

06/07/2020

Test Report Form Number

23IA501042KRIH090A



DIRECTOR
REGIONAL COLLEGE OF MANAGEMENT BANGALORE
Devanahalli, Bangalore

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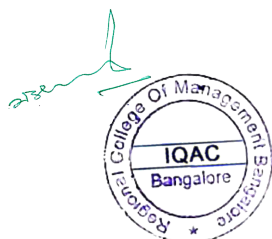
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