



Teleproctoring Application Form

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Examination Period			Level	
Examination Centre (preference)			1	
Language School (state the name/code)			Individual Candidate	☐ Yes ☐ No
First Name				
Surname				
Father's Name				
ID Number				
Gender	☐ Male [☐ Female		
Date of Birth				
Address				
Postal Code			City / Area	
Telephone			Mobile	
Email				
Please, complete all personal of I.D./Passport	letails with cap	ital letters and Latin ch	aracters according to	ELOT and the candidate's
•	the signatory to of the above bmit them to ry necessary u	person, e personal data and th UCERT, bearing all l use of them, i.e savin	e relevant documer legal liability g in digital file or h	ntation nard copy or/and forwarding ipation to OCNLR in ESOI
I declare responsibly that I is required by the nature of equipment (video camera).		C		1 1
I declare that I take full resp and internet speed) that mig of these.				t (audio/visual equipment be held accountable for any
I hereby declare that I myse	elf will be pres	sent in the examination	on and all the work	submitted will be my own.
Candidate's Name			Signature	

Date _____