



Individual Entry Form

Period

Level

Oral Exam
(Mandatory for C2)

Teacher's ELL

Exam Centre*

***state the code of preference from the list announced on pte.edu.gr but Unicert is to decide upon availability**

First Name _____

Surname _____

Father's Name _____

Gender M/F _____

Date of Birth _____

Full Address _____

Postal Code _____

City / Area _____

Tel..... Mob..... Email.....

Fill in with capital letters and latin characters according to ELOT and the candidate's I.D.

Please submit your Registration Form to Unicert, 98-100, Akadimias str., Kaniggos Square, Athens, Postal Code 106 77 tel. +30 210 38 01 129 – 30

I undertake a warrant that the above personal details are correct and I fully and unconditionally accept the terms and conditions of participation in the examinations as stated on the website pte.edu.gr

Date Signature