



Registration for the “Goethe-Zertifikat B1 for Adults” exam

Please note: You can only register for the next possible examination date. The current examination dates can be found on our website www.goethe.de/Srilanka

Please fill out the form in Latin letters:

1. My choice of module/s

***I would like to take the following modules of the Goethe-Zertifikat B1**

<input type="checkbox"/> Lesen	<input type="checkbox"/> Hören
<input type="checkbox"/> Schreiben	<input type="checkbox"/> Sprechen

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info-colombo@goethe.de
www.goethe.de/examination

1. MY PERSONAL DETAILS

* Mr Mrs

*Surname (as in passport)

*First Name (as in passport)

Address

*Street/No.

*Postcode (zip code)/ City

*Passport/NIC No.

*Country

Native language

*Tel. (incl. area code)

Mobile No.

*Date of birth

*Place of birth/ Country of birth

Nationality

*E-Mail address

Reason for taking the exam

Taking up employment in Germany

Spousal reunion Germany

Study in Germany

Spouse reunification third country

Einbürgerung in Deutschland

Spätaussiedler

Anforderung des Arbeitgebers in Ihrem Heimatland

Sonstige

Anforderung der Schule/ Universität in Ihrem Heimatland

Keine Angabe

www.goethe.de

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Sprache. Kultur. Deutschland.

*** The fields marked with an asterisk are mandatory.**



Information on previous knowledge

I have already passed an exam in German:

- No
- Yes, as follows:_____

I attended a German course at the Goethe-Institut

- No
- Yes, as follows:_____

How did you find out about our examination offer?

- Flyer
- Recommendation
- Online search
- Trade fair/ event
- Other: _____

I would like to receive current information and offers from the Goethe-Institut e.V. by e-mail:

- Yes
- No

3. PAYMENT

By cash only

4. BOOKING

Please check:

- *I hereby register bindingly for examination B1 and confirm the accuracy and completeness of my details.
- *I have taken note of the Implementation Regulations, the Examination Regulations and the General Terms and Conditions and accept them as legally binding.
- *I have read and agree to the information on data protection/declaration of consent.

X

_____, _____

Place

Date

Signature of participant

(Attention: In the case of minors, please obtain the signature of the legal representative!)

www.goethe.de

Please note

- 1. places will only be allocated after receipt of payment.**
- 2. after successful registration, you will receive an e-mail with your binding confirmation of participation and further information on the examination procedure.**
- 3. please bring the exam receipt and passport/ID with you to the examination date.**

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