

**SCOPE**  
**Centre Registration Form for GTU**  
**Only Assessment Scheme**

**Date:**     /     /

**Name of Institution/University/Department:** \_\_\_\_\_  
\_\_\_\_\_

**Affiliation:** \_\_\_\_\_

**Address:**

**Line 1:** \_\_\_\_\_

**Line 2:** \_\_\_\_\_

**Line 3:** \_\_\_\_\_

**District:** \_\_\_\_\_ **Ta:** \_\_\_\_\_ **PIN:** \_\_\_\_\_

**Office No:** \_\_\_\_\_

**College Email ID-:** \_\_\_\_\_

**(1) Name of Principal/HoD/VC:** \_\_\_\_\_

**Contact No/Mo No:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**(2) Name of center coordinator:** \_\_\_\_\_

**Contact/Mo No:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Whether the institutions is an existing SCOPE center: Yes/ NO**

**Whether the institutions comes under GTU: Yes/No**

**Whether the institution is an existing Digital English Language Lab center: Yes/No**

We hereby request you to register our institution/department as a center to offer the SCOPE examinations to the students of our institution.

Signature & Seal of institution/department:

**Principal/HoD**

**Coordinator**