**GRE Registration Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal details Date:** | | | | | | | | | | | | | | | | | | | | | | | | |
| Last name: |  | | | | | | | | | | | | | | | Email: | | | | | |  | | |
| First name: |  | | | | | | | | | | | | | | | Phone No: | | | | | |  | | |
| Education : |  | | | | | | | | | | | | | | | Major: | | | | | |  | | |
| **Registration detail** | | | | | | | | | | | | | | | | | | | | | | | | |
| User name: | |  | | | | | | | | | | | | | | Password: | | | | | | |  | |
| Test Date: | |  | | | | | | | | | | | | | | Test center: | | | | | | |  | |
| چهار رقم آخر کارت واریز کننده: | | | | | | | | | | | | | | | | مبلغ واریز شده: | | | | | | | | |
| By filling this form I confirm the accuracy of the details given and disclaim any rights to complain in the future.  **با تکمیل و ارسال این فرم تایید می نمایم ثبت نام بااین اطلاعات بلا اشکال میباشد و حق هرگونه اعتراض نسبت به ثبت نام بااین اطلاعات را از خود سلب می نمایم.** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Office use onlyدر این بخش چیزی ننویسید.** | | | | | | | | | | | | | | | | | | | | | | | | |
| Registered by voucher: | | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | | Amount received in Rials : | | | |
| Registered by credit card: | | | | | | | | | | | | | | | | | | | | In Dollars : | | | | Rate: |
| Registered on/time: | | | | | | | | | | | | | | | | | | | | surcharge: | | | | |

شماره کارت : 6219-8610-4250-5429 بانک سامان – سید داود خادم موسوی