

We Design Your Career

The Career Makers International

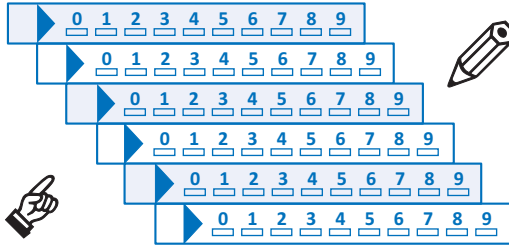
IELTS Reading Answer Sheet

Centre number: _____

Pencil must be used to complete this sheet.

Please write your full name in CAPITAL letters on the line below:

Then write your six digit Candidate number in the boxes and shade the number in the grid on the right.



Qualification: _____ **Candidate Joined On:** _____

Module: ACADEMIC GENERAL TRAINING Required Bands Date

Reading

Reading

Reading

Reading

1		✓	1	X
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		✓	2	X
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		✓	3	X
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		✓	4	X
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5		✓	5	X
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6		✓	6	X
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7		✓	7	X
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8		✓	8	X
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9		✓	9	X
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10		✓	10	X
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11		✓	11	X
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12		✓	12	X
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13		✓	13	X
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14		✓	14	X
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15		✓	15	X
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16		✓	16	X
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17		✓	17	X
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18		✓	18	X
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19		✓	19	X
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20		✓	20	X
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21		✓	1	X
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22		✓	2	X
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23		✓	3	X
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24		✓	4	X
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25		✓	5	X
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26		✓	6	X
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27		✓	7	X
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28		✓	8	X
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29		✓	9	X
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30		✓	10	X
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31		✓	11	X
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32		✓	12	X
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33		✓	13	X
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34		✓	14	X
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35		✓	15	X
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36		✓	16	X
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37		✓	17	X
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38		✓	18	X
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39		✓	19	X
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40		✓	20	X
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Maker2 Initials

Maker2 Initials

Band Score

Listening Total