

**Session - 202402E**

## DELf Prim - February 2024 Registration Form

**\*All your information should be exactly as it is in your NIC/Passport as per the French Government regulations. ONCE REGISTERED, NO REFUNDS OR CANCELLATIONS WILL BE POSSIBLE.**

**LAST NAME**

☐ M ☐ F

**First Name**

**DATE OF BIRTH**

(day)	(month)	(year)
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**AGE**

**CITY OF BIRTH**

**COUNTRY OF BIRTH**

**NATIVE LANGUAGE**

**NATIONALITY**

**ADDRESS**

**CITY**

**POSTAL CODE**

**PHONE**

**EMAIL**

**NIC or PASPORT NUMBER (will require to provide on the date of the examination)**

**DID YOU SIT FOR A DELF EXAM BEFORE?**

☐ YES ☐ NO

**IF YES, YOUR CANDIDATE NUMBER (mandatory):**

**YOU WISH TO REGISTER TO :**

	ALLIANCE FRANCAISE STUDENTS (registered during the last 12 months)	EXTERNAL STUDENTS
DELf Prim A1.1	<input type="checkbox"/> LKR 6,600	<input type="checkbox"/> LKR 11,000
DELf Prim A1	<input type="checkbox"/> LKR 6,600	<input type="checkbox"/> LKR 11,000
DELf Prim A2	<input type="checkbox"/> LKR 6,600	<input type="checkbox"/> LKR 11,000

I hereby declare that the information given above is true and accurate to the best of my knowledge.

I have read and agree with the Rules and Regulation of the DELF - DALF examinations.

Signature of Candidate :

Signature of Parent: