

Session - 202408E

DELFL Prim - August 2024 Registration Form

***ALL YOUR INFORMATION SHOULD BE EXACTLY THE SAME AS IT IS IN YOUR NIC/PASSPORT AS PER THE FRENCH GOVERNMENT REGULATIONS. ONCE REGISTERED, NO REFUNDS OR CANCELLATIONS WILL BE POSSIBLE.**

LAST NAME (SURNAME)

M F

OTHER NAMES

DATE OF BIRTH

<i>(day)</i>	<i>(month)</i>	<i>(year)</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>

AGE

CITY OF BIRTH

COUNTRY OF BIRTH

MOTHER TONGUE

NATIONALITY

ADDRESS

CITY

POSTAL CODE

PHONE

EMAIL

NIC or PASSPORT NUMBER (actual NIC/Passport is required on the day of the examination)

DID YOU SIT FOR A DELFL EXAM BEFORE?

YES NO

IF YES, YOUR CANDIDATE NUMBER (mandatory):

YOU WISH TO REGISTER TO :

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

Signature of Candidate :

Signature of Parent: