

**Session - 202503E**

## DELF Prim - 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 DELF 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
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.

Signature of Candidate :

Signature of Parent: