



- AF Colombo
- AF Malé
- AF Matara
- AF Jaffna
- External

Session DELF2023-02E

DELF Prim - February 2023 Registration Form

LAST NAME

First Name

- M F

DATE OF BIRTH

(day)	(month)	(year)

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):

094001-

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 6,000	<input type="checkbox"/> LKR 10,000
DELF Prim A1	<input type="checkbox"/> LKR 6,000	<input type="checkbox"/> LKR 10,000
DELF Prim A2	<input type="checkbox"/> LKR 6,000	<input type="checkbox"/> LKR 10,000

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: