



Alliance Française  
Hyderabad

## Registration form / *Fiche d'inscription* DELF DALF

1. Candidate's code / <i>Code Candidat</i> :	0 9 1 - 0 0												
2. Gender / <i>Sexe</i> :	<input type="checkbox"/> F <input type="checkbox"/> H												
3. Surname / <i>Nom</i> :													
4. Name / <i>Prénom</i> :													
5. Father's name / <i>Nom du père</i> :													
6. Nationality / <i>Nationalité</i> :	<input type="checkbox"/> Indian/ <i>Indienne</i> / <input type="checkbox"/> Other/ <i>Autre</i> :.....												
7. Date of Birth / <i>Date de naissance</i> :													
8. Country of birth / <i>Pays de naissance</i> :	<input type="checkbox"/> India/ <i>Inde</i> / <input type="checkbox"/> Other/ <i>Autre</i> :.....												
9. City of birth / <i>Ville de naissance</i> :													
10. Address / <i>Adresse</i> :													
11. Pin code / <i>Code postal</i> :													
12. Phone / <i>Téléphone</i> :													
13. Email / <i>Courriel</i> :													
14. Exam / <i>Examen</i> :	<table border="1"> <tr> <td>A1</td> <td>A2</td> <td>B1</td> <td>B2</td> <td>C1</td> <td>C2</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	A1	A2	B1	B2	C1	C2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A1	A2	B1	B2	C1	C2								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								

Amount / Receipt. No.: Rs. .... / No. ....

External candidate /  AF candidate

Student's Signature: .....

Date: ...../...../.....