

Fiche d'inscription (Registration Form)

CENTRE : Alliance Française de Trivandrum –Inde SESSION : Canada

Sexe du candidat : (cochez✓) - Homme - Femme

NOM DU CANDIDAT (SURNAME) (In block letters)

Prénom(FirstName).....(In block

letters) Date de naissance (DOB) : / / (dd/mm/yyyy)

Ville de naissance (Place of birth).....(In block letters)

Pays de naissance (Country of birth).....(In block letters)

Langue Maternelle (Mother tongue)..... (In block letters)

Nationalité (Nationality).....(In block letters)

NOM du Père (Father's name)(In block letters)

Adresse : (House number, street, block).....

Ville : (City)..... Code postal : (Pin code)

Téléphone :

Courriel (E-mail address) (In block letters)

I ACCEPT THE RULES AND REGULATIONS OF THE EXAM (FORMAT, DATE, ISSUANCE OF THE CERTIFICATE...) AND I UNDERSTAND THAT FEES ARE NON REFUNDABLE, NOT TRANSFERABLE AND THAT MY TEST IS ONLY VALID FOR TWO YEARS.

Please add a passport copy to this registration form.

Signature:

FOR INTERNAL USE

Date:

Amount:

Receipt no.: