

DELF-DALF exam registration form

Examination Center : AF Lahore, Pakistan	Session :
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Name:Surname.....

Born on: (D.O.B) in City: Country:

Nationality: Gender: M () F ()

() Student of Alliance Française () Independent candidate

Address :

Email (*compulsory*):

Phone (Home / Office): Phone (Mobile):

Exam(s) selected for this session: DELF A1 () DELF A2 () DELF B1 ()
 DELF B2 () DALF C1 () DALF C2 ()

Diplomas obtained previously

	Session	Country	City
A1			
A2			
B1			
B2			
C1			

Candidate number: (Not applicable for candidates who are appearing for the first time)

For diplomas obtained at another examination center, attach copies of certificates.

(For office use only)

Registration Fee: Registered by: Receipt no.....

Date / / 2017

Candidate signature: _____