



**Alliance française
d'Ahmedabad**

AFA n° _____

Photo

Please do not fill in this part

Application form for courses

APPLICANT

Miss Mrs. Mr.

Please write in block letters

First name : _____

Last name : _____

Date of birth (dd/mm/yyyy) : . . / . . /

Place of birth (city/country) : _____ / _____

Nationality : _____

Occupation : _____

Mobile _____

Other phone number _____

Address : _____

Email : _____

Would you like to receive « Decouvrir », our e-newsletter about courses and cultural activities ? Yes No

City, State & Country: _____

Applicant's GUARDIAN - If under 18 years old

How did you hear about us ?:

First name : _____

- Internet
- Social medias
- During a cultural events
- Article in newspapers
- Ad. In newspapers
- By « word-of-mouth »
- Other means :

Family name : _____

Relationship with applicant: _____

Phone: Fix Mobile _____

COURSES

Type (circle the option):
Regular / Sunday / Discovery / Crash course / Kids

Choice	Timings
1st choice	
2nd choice	

Starting date: _____

Level : _____

Name of the signatory _____

Signature

By signing this Application form, I hereby acknowledge that I read and agree to the Rules and Regulations of the internal student of Alliance française d'Ahmedabad. I'm informed that the course may be postponed or cancelled if there are not enough registrations; in case of cancellation only, I would be refunded.

Applicant (18+ years old only) Guardian

FOR OFFICE USE ONLY

Rec. No : _____

Remarks if any :

Date : _____

Payment : Cash Chq. Card DD

Scheme : _____

Contacted by : _____

Contacted date: _____