Alliance Française
of Hyderabad

L A N G U A G E C O U R S E E N R O L M E N T F O R M

Kindly note that this form carries all necessary details for enrolment. It is therefore important to be filled in Capitals and clearly. If found otherwise, it would not be accepted. And kindly submit the form at the front desk after payment.

FIRST NAME : …… LAST NAME: …….
Mr. / Mrs / Ms. [CAPITALS PLEASE]

OCCUPATION : ……. QUALIFICATION:…….

NATIONALITY : …… MOTHER TONGUE :……..

DATE OF BIRTH (DD/MM/YY): _ _ _/_ _ _/_ _ _ _ _ _ PLACE OF BIRTH: ……

TELEPHONE (Off):…… (Res.) …… (Mobile) ……

ADDRESS: (Residence) ……

(Office)…… Text ……

E – mail:……..

I. REASONS FOR LEARNING FRENCH :

- to get good marks in school or college exams
- to teach French one day
- to pursue higher studies
- for the sheer pleasure of learning the language
- for other reasons (please specify) …….
- for professional reasons
- to migrate to Canada
- to meet other people
- to discover another culture

II. PREVIOUS KNOWLEDGE IN FRENCH : YES / NO WHEN : (SESSION/YEAR) ……..
BOOK FOLLOWED : …… NAME OF COURSE, INSTITUTION :……..

III. HOW DID YOU COME TO KNOW OF THIS SESSION ?

☐ POSTERS : LOCATION : ……
☐ FRIENDS:
☐ MAILING:
☐ NEWSPAPER (NAME PLEASE) :
☐ STAFF/MEMBERS/STUDENTS OF AF:
☐ OTHER SOURCES (PLEASE SPECIFY) :

IV (1) CLASSES IN AFH, MAIN CENTRE, BANJARA HILLS
(2) CLASSES IN AFH ANNEXE, WEST MARREDPALLY

LEVEL

☐ *BREAKTHROUGH* /A1.1
☐ *WAYSTAGE* /A1.2
☐ *THRESHOLD 1/* /A2.1
☐ *THRESHOLD 2/* /A2.2
☐ *VANTAGE* /**B**1
☐ *EFFECTIVENESS* /**B**2
☐ *MASTERY*//**C**1
☐ **WEEKEND CLASSES**
☐ PRIVATE CLASSES

TIMINGS

☐ 7:00 a.m - 9:00 a.m.
☐ 9:30 a.m - 12:30p.m.
☐ 4:00 p.m - 6:00 p.m.
☐ 6 :00 p.m - 8:00 p.m

ARE YOU REPEATING THIS LEVEL? YES / NO
IF YES,WHEN(SESSION/YEAR)……..TEACHER'S NAME…….

I ABIDE BY THE RULES AND REGULATIONS OF THE ALLIANCE FRANÇAISE

SIGNATURE:
DATE:

V. WOULD YOU LIKE TO BECOME AN **AMI OR MEMBER** of the AFH ?

FOR OFFICE USE ONLY
COURSE ENROLLED FOR :
RECEIPT NO : AMOUNT: DATE OF ENROLMENT: