

PHOTO



Exam Centre : Alliance Française de Chandigarh

Next to Hibiscus Garden, Sector 36-A, Chandigarh

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<http://chandigarh.afindia.org/>

Test de Connaissance du Français pour LE QUEBEC (TCFQ) – 26 August 2017

FICHE D'INSCRIPTION

Code candidat: _____ (if appeared earlier for TCFQ)

Monsieur (Mr) Mademoiselle (Ms) Madame (Ms)

NOM (Last Name): _____ PRENOM (First name): _____

Date de naissance (jj/mm/aaaa): ____/____/____ Sexe: Homme Femme
(Date of birth) (dd/mm/yyyy)

Lieu de naissance: _____ Pays de naissance: _____ Nationalité: _____
(Place of birth) (Country of birth)

Langue usuelle: _____ Adresse: _____

Mobile/Phone : _____ E-mail adresse: _____

Select your TCFQ:

Compulsory Exam: Rs.10,000+ Rs. 1500= Rs.11,500 (listening comprehension + spoken expression)

Optional Exams:

Written comprehension Rs. 5000/- + Rs. 750 service tax = Rs.5750/-

Written expression (expression écrite) Rs. .5000/- + Rs. 750 service tax = Rs.5750/-

FEE ONCE PAID IS NOT REFUNDABLE

TCFQ Fee can be deposited by cash or Draft only and If payment is made by draft, the draft should be in favour of *Alliance Française* payable at Chandigarh, please mail both signed registration form with a copy of your photo identity card (passport or driving license) along with the demand draft to the above address and should reach us before the last date.

TCF Q Registration Policy: once a registration is submitted, no refund or credit can be made under any circumstance (unless the Alliance Française has to cancel a session of tests you are registered for).

There are limited seats and the registration is on first come first served basis.

All students will have to submit 2 passport size photograph with white background along with the registration form. Please attach a photo copy of your passport or driving license with the registration form.

Please Note: 1) All candidates will have to carry their original Passport on the day of the Examination.
2) For the examination you will be allowed to use black pen only.

Unsigned forms, signature with discrepancy or incomplete forms will be rejected.

I UNDERSTAND THAT I WILL NOT BE ALLOWED TO TAKE THE TEST IF I COME LATE FOR THE EXAM

I have read and agree with the TCF policy: YES No

Date of Registration: _____ Candidate signature: _____

For office use:

Receipt No : _____ Dated : _____ Amount Paid: _____ Cash/D. D No. _____