

Registration Form

Name	Email
<input type="text"/>	<input type="text"/>
Please provide your name.	Please provide a valid email.
Mobile Number	Date of Birth
<input type="text"/>	<input type="text" value="dd-mm-yyyy"/>
Please provide your mobile number.	Please provide your date of birth.
Gender	Present Status
<input type="text" value="Select your gender"/>	<input type="text" value="Select your present status"/>
Please select your gender.	Please select your present status.
Category	Are you Keralite?
<input type="text" value="Select your category"/>	<input type="text" value="Select an option"/>
Please select your category.	Please select an option.

Gender	Present Status
<input type="text" value="Select your gender"/>	<input type="text" value="Select your present status"/>
Please select your gender.	Please select your present status.
Category	Are you Keralite?
<input type="text" value="Select your category"/>	<input type="text" value="Select an option"/>
Please select your category.	Please select an option.
Course Name	Preferred Mode of Delivery
<input type="text" value="Select a course"/>	<input type="text" value="Select a mode"/>
Please select a course.	Please select a mode.
How did you get to know about this course?	Are you interested to refer anybody to this course?
<input type="text" value="Select an option"/>	<input type="text" value="Select an option"/>
Please select an option.	Please select an option.
Amount	Promo Code
<input type="text" value="1000"/>	<input type="text" value=""/>
<input type="checkbox"/> I accept terms and conditions	<input checked="" type="checkbox"/> Apply Now
Please accept the terms and conditions.	
<input type="button" value="Submit"/>	<input type="button" value="Reset"/>

