

FORMS

ACTIVITY

ACTIVITY ID	<input type="text"/>
ACTIVITY NAME	<input type="text"/>
PLACE	<input type="text"/>
DATE	<input type="text"/>
TIME	<input type="text"/>
VOLUNTEER'S NUMBER	<input type="text"/>
HOUR OF WORK	<input type="text"/>
DESCRIPTION	<input type="text"/>
<input type="submit" value="SUBMIT"/>	

APPLICATION FORM

APPLICATION NAME	<input type="text"/>
PLACE	<input type="text"/>
DATE	<input type="text"/>
TIME	<input type="text"/>
<input type="submit" value="SUBMIT"/>	

APPLICATION VIEW

CATEGORY	<input type="text" value="CHOOSE APPLICATION"/> ▼
PLACE	<input type="text"/>
DATE	<input type="text"/>
TIME	<input type="text"/>
<input type="button" value="REGISTER"/>	

ATTENDANCE

ACTIVITY ID	<input type="text"/> ▼
PLACE	<input type="text"/>
DATE	<input type="text"/>
TIME	<input type="text"/>
STUDENT NAME	<div><input type="checkbox"/> name1 <input type="checkbox"/> name2 <input type="checkbox"/> name3 <input type="checkbox"/> name4</div>
<input type="button" value="SUBMIT"/>	

VIEW YOUR ATTENDANCE

ACTIVITY NAME	HOUR OF WORK	TOTAL WORK HOURS

AWARD

AWARD NAME

DESCRIPTIONS

SUBMIT

FAQ

QUESTION

ANSWER

SUBMIT

GALLERY

ACTIVITY ID	<input type="text"/>
ACTIVITY NAME	<input type="text"/>
PLACE	<input type="text"/>
DATE	<input type="text"/>
TIME	<input type="text"/>
IMAGE	<div>100 x 47</div>
VIDEO	<div>UPLOAD</div>
<div>SUBMIT</div>	

LOGIN

USERNAME

LOGIN
forgot password

NOTICE

PLACE

DATE

TIME

MATTER

SUBMIT

REGISTRATION

STUDENT NAME

ADMISSION NUMBER

ADDRESS

PHONE NUMBER

EMAIL ID

DOB

GENDER

BLOOD GROUP

DEPARTMENT NAME

EXPERIENCE

SEMESTER

ACADEMIC YEAR

PHOTO

PASSWORD

Male

Female

Other

82 x 51

REGISTER

SUGGESTION

SUGGESTON

SUBMIT

VIEW ACTIVITIY

NO	ACTIVITY NAME	WORK HOUR

VIEW REGISTRATION

STUDENT NAME	<input type="text"/>
ADMISSION NUMBER	<input type="text"/>
ADDRESS	<input type="text"/>
PHONE NUMBER	<input type="text"/>
EMAIL ID	<input type="text"/>
DOB	<input type="text"/>
GENDER	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other
BLOOD GROUP	<input type="text"/>
DEPARTMENT NAME	<input type="text"/>
EXPERIENCE	<input type="text"/>
	<input type="text"/>