

## Registration Form

Name

Required

Mobile Number

10 digits only

Email

Required

Password

Min 6 chars

Address

Required

City

Select city

Gender

Male  Female

Select gender

Hobbies

Reading  Sports  Other

Select at least one hobby

Submit Registration

## Registration Form

Name

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Gender

Male  Female

Hobbies

Reading  Sports  Other

Submit Registration

## Submission Data

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Name Dhanlaxmi Wankhade

Mobile 8329481251

Email dhanlaxmi@gamil.com

Address Amravati

City Mumbai

Gender Male

Hobbies Sports

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