

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

Mobile Number

Email

Password

Address

City

Gender

☒ Male ☐ Female

Hobbies

☐ Reading ☒ Sports ☐ Other

Submit Registration

Submission Data

Name	Dhanlaxmi Wankhade
Mobile	8329481251
Email	dhanlaxmi@gamil.com
Address	Amravati
City	Mumbai
Gender	Male
Hobbies	Sports

[Go Back to Form](#)