

STUDENT REGISTRATION FORM

FIRST NAME (max 30 characters a-z and A-Z)

LAST NAME (max 30 characters a-z and A-Z)

DATE OF BIRTH Day: Month: Year:

EMAIL ID

MOBILE NUMBER (10 digit number)

GENDER ☒ Male ☐ Female ☐

ADDRESS

CITY (max 30 characters a-z and A-Z)

PIN CODE (6 digit number)

STATE (max 30 characters a-z and A-Z)

COUNTRY India

HOBBIES ☐ Drawing ☐ Singing ☐ Dancing ☐ Sketching ☐ Cooking ☐ Others ☐

QUALIFICATION	S1.No. Examination		Board	Percentage	Year of Passing
	1	Class X	<input type="text"/>	<input type="text"/>	<input type="text"/>
	2	Class XII	<input type="text"/>	<input type="text"/>	<input type="text"/>
	3	Graduation	<input type="text"/>	<input type="text"/>	<input type="text"/>
	4	Masters	<input type="text"/>	<input type="text"/>	<input type="text"/>
			(10 char max)	(upto 2 decimal)	

COURSES APPLIED FOR ☒ B-tech ☐ M-tech ☐ Nursing ☐ Agriculture ☐