

# REGISTRATION FORM

## This page says

Your form has been submitted! click on View conformation to view details

OK

First name

John

Last name

Mathew

Mother's name

Rachel

Father's name

Kim

Gender: ☐ Female ☒ Male ☐ Other

Course Type: ☒ Student ☐ Faculty

Course: Cloud Computing ▼

Email ID

mathewjohn@abc.com

Contact No.

8652091734

Submit form

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# DISPLAY FORM DETAILS USING LOCAL STORAGE

## COURSE CONFORMATION

Name: John Mathew

Mother's Name: Rachel

Father's Name: Kim

Gender: Male

Course Type: Student

Course Name from dropdown: Cloud Computing

E-mail: mathewjohn@abc.com

Mobile No.: 8652091734