<!DOCTYPE html>

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    <title>Assignment</title>

    <link rel="stylesheet" href="assignmentstyle.css">

</head>

<body>

    <form>

    <div><img src="logo.png" width="200px" height="100px" class="logo">

    JSPIDERS JOINING FORM

    <img src="logo.png" width="200px" height="100px"class="logo">

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            <legend>General Details</legend>

            <table>

                <tr>

                    <td><label>Full Name</label></td>

                    <td><input type="text" name="fn"></td><tr>

                <tr>

                    <td> <label>Gender</label></td>

                    <td id="m"><input type="radio" name="r1">Male</td>

                    <td id="f"><input type="radio" name="r1">Female</td>

                </tr>

                <tr>

                    <td><label>Date of Birth</label></td>

                    <td><input type="date" name="dob"></td>

                </tr>

                <tr>

                    <td><label>Mobile Number</label></td>

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                <tr>

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<!--Educational details-->

    <fieldset class="table">

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                <td><label><u>10</u><sup>th</sup>&nbsp;&nbsp;:</label></td>

                <td class="b"><input type="checkbox" name="hslc">SSLC (state board)</td>

                <td class="b1"><input type="checkbox" name="hslc">CBSE</td>

                <td class="b2"><input type="checkbox" name="hslc">ICSE</td>

                <td class="b3"><input type="checkbox" name="hslc">IGSE</td>

            </tr>

            <tr>

                <td><label>Year of Passing</label></td>

                <td><input type="month" name="yop"></td>

                <td><label>Aggregate %</label></td>

                <td class="agg"><input type="number" name="ag"></td>

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            <tr>

                <td><label><u>PUC/12</u> <sup>th</sup>&nbsp;&nbsp;:</label></td>

                <td class="b"><input type="checkbox" name="hslc">SSLC (state board)</td>

                <td class="b1"><input type="checkbox" name="hslc">CBSE</td>

                <td class="b2"><input type="checkbox" name="hslc">ICSE</td>

                <td class="b3"><input type="checkbox" name="hslc">IGSE</td>

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                <td><label>Year of Passing</label></td>

                <td><input type="month" name="yop"></td>

                <td><label>Aggregate %</label></td>

                <td class="agg"><input type="number" name="ag"></td>

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                <td colspan="2"><label>Diploma</label>

                <input type="radio" name="r2">

                <label>Regular</label>

                <input type="radio" name="r2">

                <label class="corres">Correspondence</label>

                <input type="radio" name="r2"  class="corres"></td>

                <td class="agg1"><label>Aggregate %</label></td>

                <td class="agg2"><input type="number" name="ag"></td>

                <td class="yop"><label>Year of Passing</label></td>

                <td class="yop1"><input type="month" name="yop"></td>

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                <td class="dip">

                    <input type="radio" name="st">CSE

                    <input type="radio" name="st">IS

                    <input type="radio" name="st">IT

                    <input type="radio" name="st">EEE

                    <input type="radio" name="st">ECE

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                <td class="dip">

                    <input type="radio" name="st">Mech

                    <input type="radio" name="st">Civil

                </td>

                <td class="dip"> <input type="radio" name="st">Others</td>

            </tr>

            <tr>

                <td class="iti"><label>If ITI,IIT..</label></td>

                <td class="dip"><label>Year of Passing</label></td>

                <td class="iti1"><input type="month" name="yop"></td>

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                    <input type="radio" name="deg">B.TECH

                    <input type="radio" name="deg">BSC

                    <input type="radio" name="deg">BCA

                    <input type="radio" name="deg">BCom

                    <input type="radio" name="deg">BBA

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                    <input type="radio" name="r4">CIVIL

                    <input type="radio" name="r4">EEE

                    <input type="radio" name="r4">ECE

                    <input type="radio" name="r4">IT

                    <input type="radio" name="r4">IS

                    <input type="radio" name="r4">AE

                    <input type="radio" name="r4">BIO-MED

                    <input type="radio" name="r4">CHEMICAL

                    <input type="radio" name="r4">BIO-TECH

                    <input type="radio" name="r4">TELECOM

                    <input type="radio" name="r4">OTHERS

                </td>

            </tr>

            <tr>

                <td><label>Year of passing:</label></td>

                <td><input type="month" name="yop"></td>

                <td><label>Aggregate %</label></td>

                <td><input type="number" name="ag"></td>

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            <tr>

                <td><label>University</label></td>

                <td><input type="text" name="uni"></td>

                <td><label>University Roll no.</label></td>

                <td><input type="text" name="uni"></td>

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            <tr>

                <td><label>College Name</label></td>

                <td><input type="text" name="cn"></td>

                <td><label>Place</label></td>

                <td><input type="text" name="cn"></td>

            </tr>

            <tr>

                <td colspan="2"><label>Did you have any arrears during degree?</label></td>

                <td><input type="radio" name="r5">Yes</td>

                <td><input type="radio" name="r5">No</td>

            </tr>

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                <td colspan="2"><label>Do you have any existing backlogs?</label></td>

                <td><input type="radio" name="r6">Yes</td>

                <td><input type="radio" name="r6">No</td>

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                <td colspan="2"><label>Do you have any year gap in degree?</label></td>

                <td><input type="radio" name="r7">Yes</td>

                <td><input type="radio" name="r7">No</td>

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                    <input type="radio" name="deg">M.TECH

                    <input type="radio" name="deg">MSC

                    <input type="radio" name="deg">MCA

                    <input type="radio" name="deg">MCom

                    <input type="radio" name="deg">MBA

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                    <input type="radio" name="r8">ECE

                    <input type="radio" name="r8">IT

                    <input type="radio" name="r8">IS

                    <input type="radio" name="r8">AE

                    <input type="radio" name="r8">BIO-MED

                    <input type="radio" name="r8">CHEMICAL

                    <input type="radio" name="r8">BIO-TECH

                    <input type="radio" name="r8">TELECOM

                    <input type="radio" name="r8">OTHERS

                </td>

            </tr>

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                <td><label>Year of passing:</label></td>

                <td><input type="month" name="yop"></td>

                <td><label>Aggregate %</label></td>

                <td><input type="number" name="ag"></td>

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            <tr>

                <td><label>University</label></td>

                <td><input type="text" name="uni"></td>

                <td><label>University Roll no.</label></td>

                <td><input type="text" name="uni"></td>

            </tr>

            <tr>

                <td><label>College Name</label></td>

                <td><input type="text" name="cn"></td>

                <td><label>Place</label></td>

                <td><input type="text" name="cn"></td>

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                <td colspan="2"><label>Did you have any arrears during masters?</label></td>

                <td><input type="radio" name="r9">Yes</td>

                <td><input type="radio" name="r9">No</td>

            </tr>

            <tr>

                <td colspan="2"><label>Do you have any existing backlogs?</label></td>

                <td><input type="radio" name="r10">Yes</td>

                <td><input type="radio" name="r10">No</td>

            </tr>

            <tr>

                <td colspan="2"><label>Do you have any year gap in masters?</label></td>

                <td><input type="radio" name="r11">Yes</td>

                <td><input type="radio" name="r11">No</td>

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        <legend>Personal Details</legend>

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                <td  colspan="2"><label>Do you have AADHAR card?</label></td>

                <td><input type="radio" name="r12">Yes</td>

                <td><input type="radio" name="r12">No</td>

            </tr>

            <tr>

                <td colspan="2"><label>Do you have Passport?</label></td>

                <td ><input type="radio" name="r13">Yes</td>

                <td ><input type="radio" name="r13">No</td>

            </tr>

            <tr >

                <td colspan="2"><label>Do you have PAN card?</label></td>

                <td ><input type="radio" name="r14">Yes</td>

                <td ><input type="radio" name="r14">No</td>

            </tr>

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                <td colspan="2"><label>Are you ready to relocate?</label></td>

                <td><input type="radio" name="r15">Yes</td>

                <td><input type="radio" name="r15">No</td>

            </tr>

            <tr class="pd4">

                <td class="pd4" colspan="2"><label>Preferred location?</label></td>

                <td class="pd4">Bangalore<input type="checkbox" name="r15"></td>

                <td class="pd4">Pune<input type="checkbox" name="r15"></td>

                <td class="pd4">Mumbai<input type="checkbox" name="r15"></td>

                <td class="pd4">Delhi<input type="checkbox" name="r15"></td>

                <td class="pd4">Chennai<input type="checkbox" name="r15"></td>

                <td class="pd4">Others<input type="checkbox" name="r15"></td>

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    <fieldset>

        <legend>Address</legend>

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            <tr>

                <td>Father's Name/Husband's Name</td>

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            <tr>

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                <td>Street No.</td>

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                <td>Pincode</td>

                <td><input type="number" name="hn"></td>

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            <tr>

                <td>City</td>

                <td><input type="text" name="an"></td>

                <td>State</td>

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                    <input type="submit" name="" value="SUBMIT" class="btn">

                    <input type="reset" name="" value="RESET" class="btn">

                </td>

            </tr>

        </table>

    </fieldset>

    </form>

</body>

</html>