

Column 1	Column 2
	Date: <input type="text" value="Input 1"/> Form No: <input type="text" value="Input 1"/>
Row 2, Cell 1	Row 2, Cell 2
Row 3, Cell 1	Row 3, Cell 2
Row 4, Cell 1	Row 4, Cell 2
Row 5, Cell 1	Row 5, Cell 2
Row 6, Cell 1	Row 6, Cell 2
Row 7, Cell 1	Row 7, Cell 2
Row 8, Cell 1	Row 8, Cell 2
Row 9, Cell 1	Row 9, Cell 2
Row 10, Cell 1	Row 10, Cell 2
Row 11, Cell 1	Row 11, Cell 2