



STUDENT REGISTRATION FORM

FIRST NAME	<input type="text" value="Enter first name"/>	(max 30 characters a-z and A-Z)																										
LAST NAME	<input type="text" value="Enter last name"/>	(max 30 characters a-z and A-Z)																										
DATE OF BIRTH	Day: <input type="text" value="Day:"/>	Month: <input type="text" value="Month:"/> Year: <input type="text" value="Year:"/>																										
EMAIL ID	<input type="text" value="Enter email address"/>																											
MOBILE NUMBER	<input type="text" value="Enter mobile number"/>	(10 digit number)																										
GENDER	Male <input type="radio"/> Female <input type="radio"/>																											
ADDRESS	<input type="text" value=""/>																											
CITY	<input type="text" value="Enter city name"/>	(max 30 characters a-z and A-Z)																										
PIN CODE	<input type="text" value="Enter pincode"/>	(6 digit number)																										
STATE	<input type="text" value="Enter state"/>	(max 30 characters a-z and A-Z)																										
COUNTRY	<input type="text" value="Enter country"/>																											
HOBBIES	Drawing <input type="checkbox"/> Singing <input type="checkbox"/> Dancing <input type="checkbox"/> Sketching <input type="checkbox"/> Others <input type="checkbox"/> <input type="text" value=""/>																											
QUALIFICATION	<table border="1"> <thead> <tr> <th>Sl.No.</th> <th>Examination</th> <th>Board</th> <th>Percentage</th> <th>Year of Passing</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Class X</td> <td><input type="text" value=""/></td> <td><input type="text" value=""/></td> <td><input type="text" value=""/></td> </tr> <tr> <td>2</td> <td>Class XII</td> <td><input type="text" value=""/></td> <td><input type="text" value=""/></td> <td><input type="text" value=""/></td> </tr> <tr> <td>3</td> <td>Graduation</td> <td><input type="text" value=""/></td> <td><input type="text" value=""/></td> <td><input type="text" value=""/></td> </tr> <tr> <td>4</td> <td>Masters</td> <td><input type="text" value=""/></td> <td><input type="text" value=""/></td> <td><input type="text" value=""/></td> </tr> </tbody> </table>			Sl.No.	Examination	Board	Percentage	Year of Passing	1	Class X	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	2	Class XII	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	3	Graduation	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	4	Masters	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
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		(10 char max)	(upto 2 decimal)																									
COURSES APPLIED FOR	BCA <input type="radio"/> B.Com <input type="radio"/> B.Sc <input type="radio"/> B.A <input type="radio"/>																											
<input type="button" value="Submit"/> <input type="button" value="Reset"/>																												