

Job Application Form

Your Information

First Name:	<input type="text" value="Sheregar Shivani"/>
Last Name:	<input type="text" value="Babu"/>
Email:	<input type="text" value="abc@gmail.com"/>
Password:	<input type="password" value="....."/>
Gender:	<input type="radio"/> Male <input checked="" type="radio"/> Female
Enter your DOB:	<input type="text" value="01/02/2005"/>
Enter the OTP received	<input type="text" value="123456"/>
<input type="button" value="Register"/> <input type="button" value="Reset"/>	