Name:

**Date of Birth:** 2023-08-13

Address:

Father's Name: Mother's Name:

Gender: Male

**Contact No.:** 

**Another Contact No.:** 

**Contact Email:** 

School:

**School Location:** 

City:

**District:** 

State:

**Country:** 

Zip Code:

**Blood Group:** A+

**Identification Mark:** 

Allergen:

C:XTURBOC3-BINOTC
Enter the number of rows and columns of matrix
2
2
Enter the elements of first matrix
1.5
2.4
Enter the elements of second matrix
1.7
5.5
Sum of entered matrices:2.12
4.5