

Sudhiksha 4mw23cs166

Registration Form

Personal Information

First Name:	<input type="text" value="Sudhiksha"/>
Last Name:	<input type="text" value="Poojary"/>
Father Name:	<input type="text" value="Enter your father name"/>
Mother Name:	<input type="text" value="Enter your mother name"/>
University Name:	<input type="text" value="SMVITM"/>
Select course:	<input checked="" type="radio"/> CSE <input type="radio"/> ECE <input type="radio"/> AI <input type="radio"/> Mech
Email:	<input type="text" value="sudhiksha.23cs166@sode.edu.in"/>
Password:	<input type="password" value="*****"/>
Gender:	<input type="radio"/> Male <input checked="" type="radio"/> Female
Country:	<input type="text" value="India"/>
Hobbies:	<input type="checkbox"/> Reading <input checked="" type="checkbox"/> Travelling <input type="checkbox"/> Sports
Address:	<div><div>katapady</div><div></div></div>

Register Reset