Student Record form

Name : [Enter first name] [Enter last name]

Both first and last names are required. **Father's name** : [Enter Father's name]

Father's name is required. **Email-ID** : [Enter Email-Id]

Please enter a valid email. **Mobile No.** : [_____]

Please enter a valid phone number (10 digits). **DOB** : [dd / mm / yyyy]

Date of Birth is required. **Gender** : ○ Male ○ Female ○ Other

Please select gender. **Department** : [Select Department ▾]

Please select a department. **City** : [Select City ▾]

Please select a city. **Address** :

[_____]

Address is required. **Upload Photo** : [Browse...] No file selected.

Please upload a photo. [Submit]