

Form

First name:-	Textbox
Middle Name:-	Textbox
Last Name:-	Textbox
Address	Text area
Email Id:-	Textbox
Password:-	Textbox
Confirm Password:-	Textbox
Mobile number 1:-	Textbox
Mobile Number 2:-	Textbox
Current Address:-	Text area
Gender	Radio Button
Title	Select box(Mr. ,Dear, Miss, Mrs.)
Country	Select box
State	Select box
City	Select box
Area	Textbox
Marital Status	Radio Button(Single, Married)
Birthdate	Select Box
Pin code No	Textbox
Cast Category	Radio Button(SC,ST,SEBC,OPEN)
Hobbies	Checkbox
Nationality	Radio Button(Indian, NRI (Non-Resident Indian)
School Name	Textbox
College name	Textbox
University	Textbox
Degree	Checkbox(Graduate, Post Graduate, Masters, PHD, MPhil)
Document Available	Checkbox(Aadhar Card, PAN Card, Driving License, Light Bill, Leaving Certificate, Election Card
Card Holder	Radio Button(APL,BPL)
Language Known	<div>Language</div> <div>Read</div> <div>Write</div> <div>Speak</div> <div>English <input type="checkbox"/></div> <div>Hindi <input type="checkbox"/></div> <div>Gujarati <input type="checkbox"/></div>
Do You Have a Basic Computer Knowledge?	Radio Button (Yes / No)