



Our new rpt.

#	AcroForm		
1	Name: <input type="text" value="N1"/>	Last Name: <input type="text" value="L1"/>	Gender: <input type="radio"/> Male <input checked="" type="radio"/> Female
2	Name: <input type="text" value="N2"/>	Last Name: <input type="text" value="L2"/>	Gender: <input checked="" type="radio"/> Male <input type="radio"/> Female
3	Name: <input type="text" value="N3"/>	Last Name: <input type="text" value="L3"/>	Gender: <input type="radio"/> Male <input checked="" type="radio"/> Female
4	Name: <input type="text" value="N4"/>	Last Name: <input type="text" value="L4"/>	Gender: <input checked="" type="radio"/> Male <input type="radio"/> Female
5	Name: <input type="text" value="N5"/>	Last Name: <input type="text" value="L5"/>	Gender: <input type="radio"/> Male <input checked="" type="radio"/> Female
6	Name: <input type="text" value="N6"/>	Last Name: <input type="text" value="L6"/>	Gender: <input checked="" type="radio"/> Male <input type="radio"/> Female
7	Name: <input type="text" value="N7"/>	Last Name: <input type="text" value="L7"/>	Gender: <input type="radio"/> Male <input checked="" type="radio"/> Female
8	Name: <input type="text" value="N8"/>	Last Name: <input type="text" value="L8"/>	Gender: <input checked="" type="radio"/> Male <input type="radio"/> Female



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#	AcroForm		
9	Name: <input type="text" value="N9"/>	Last Name: <input type="text" value="L9"/>	Gender: <input type="radio"/> Male <input checked="" type="radio"/> Female
10	Name: <input type="text" value="N10"/>	Last Name: <input type="text" value="L10"/>	Gender: <input checked="" type="radio"/> Male <input type="radio"/> Female
11	Name: <input type="text" value="N11"/>	Last Name: <input type="text" value="L11"/>	Gender: <input type="radio"/> Male <input checked="" type="radio"/> Female
12	Name: <input type="text" value="N12"/>	Last Name: <input type="text" value="L12"/>	Gender: <input checked="" type="radio"/> Male <input type="radio"/> Female
13	Name: <input type="text" value="N13"/>	Last Name: <input type="text" value="L13"/>	Gender: <input type="radio"/> Male <input checked="" type="radio"/> Female
14	Name: <input type="text" value="N14"/>	Last Name: <input type="text" value="L14"/>	Gender: <input checked="" type="radio"/> Male <input type="radio"/> Female
15	Name: <input type="text" value="N15"/>	Last Name: <input type="text" value="L15"/>	Gender: <input type="radio"/> Male <input checked="" type="radio"/> Female
16	Name: <input type="text" value="N16"/>	Last Name: <input type="text" value="L16"/>	Gender: <input checked="" type="radio"/> Male <input type="radio"/> Female



Our new rpt.

#	AcroForm		
17	Name: <input type="text" value="N17"/>	Last Name: <input type="text" value="L17"/>	
	Age: <input type="text" value="37"/>	Gender: <input type="radio"/> Male <input checked="" type="radio"/> Female	
18	Name: <input type="text" value="N18"/>	Last Name: <input type="text" value="L18"/>	
	Age: <input type="text" value="38"/>	Gender: <input checked="" type="radio"/> Male <input type="radio"/> Female	
19	Name: <input type="text" value="N19"/>	Last Name: <input type="text" value="L19"/>	
	Age: <input type="text" value="39"/>	Gender: <input type="radio"/> Male <input checked="" type="radio"/> Female	
20	Name: <input type="text" value="N20"/>	Last Name: <input type="text" value="L20"/>	
	Age: <input type="text" value="40"/>	Gender: <input checked="" type="radio"/> Male <input type="radio"/> Female	