

				* necessary	will be from the last page
Page 1					
Student name*	input				SAME AS INPUT
Class*	choose				SAME AS INPUT
Phone no.*	number only				SAME AS INPUT
Otp*			SUBMIT		

SUBMIT TO PAY

Page 2

RAZORPAY PAYMENT POSTAL

AFTER PAYMENT

Page 3

Details		Type	Options if any	placeholder
Personal Details				SAME AS INPUT
Student Name	will be from the last page	Non- Editable		SAME AS INPUT
*email:		INPUT		SAME AS INPUT
* Retype email:		INPUT		SAME AS INPUT
* Mobile Number:	will be from the last page	Non- Editable		SAME AS INPUT
* DOB:		date		SAME AS INPUT
* Gender:		CHECK BOX/RADIO		SAME AS INPUT
* Student's Class in the Academic Year 2020-21		CHECK BOX/RADIO	9/10/11/12	SAME AS INPUT
Address Details				SAME AS INPUT
* Address Line1:		input		SAME AS INPUT
* Address Line2:		input		SAME AS INPUT
country		INPUT		SAME AS INPUT
state		INPUT		SAME AS INPUT
district		INPUT		SAME AS INPUT
city		INPUT		SAME AS INPUT

pincode			INPUT		SAME AS INPUT
					SAME AS INPUT
Exam Details					SAME AS INPUT
Test Date	23rd MAY 2020				SAME AS INPUT
Test Type	Online				SAME AS INPUT
					SAME AS INPUT
School Details					SAME AS INPUT
School Name			INPUT		SAME AS INPUT
School Address			INPUT		SAME AS INPUT
					SAME AS INPUT
Others Detail					SAME AS INPUT
* Fathers phone no.			INPUT		SAME AS INPUT
Mothers phone no.			INPUT		SAME AS INPUT
Fathers Email			EMAIL		SAME AS INPUT
					SAME AS INPUT
*Where did you get to know about us					SAME AS INPUT
					SAME AS INPUT
SUBMIT					