

Testing Form

Personal Details

Name:

Date of Birth:

Gender: ☒ Male ☐ Female ☐ Other ☐

Mother's name:

Father's name:

Address:

Contact Information

Phone Number: +91

Email:

Password:

Education Details

Roll Number:

Class: ▼

If you are in class XI, select your steam: ☐ Science ▼ ☐ Commerce ☐ Arts

School Name:

School Leaving Certificate (if any): No file chosen

Coaching/Tuition Name (if any):

Interests

Favourite color:

Favourite Subject:

Social Handles

Instagram (if any):

Twitter (if any):

YouTube channel (if any):

Date-time

Date (when submitting form):

Time (when submitting form):