## **Testing Form**

Personal Details
Name: Enter name here
Date of Birth: dd-mm-yyyy
Gender: Male O Female O Other O
Mother's name: Enter name here
Father's name: Enter name here
Address: Enter address here
Contact Information
Phone Number: +91 XXXXX12345 (Indian numbe
Email: abc@xyz.com
Password: Password (You'll be signed in
Education Details————————————————————————————————————
Roll Number:
Class: Nursery ✓
If you are in class XI, select your steam: ○ Science Select ➤ ○ Commerce ○ Arts
School Name: abc xyz School
School Leaving Certificate (if any): Choose File No file chosen

Coaching/Tuition Name (if any):
┌─Interests─────────────────────────────────
Favourite color:
Favourite Subject: Select
Coolel Handles
Social Handles Instagram (if any):
Twitter (if any):
YouTube channel (if any):
Date-time
Date (when submitting form): dd-mm-yyyy
Time (when submitting form)::

Submit Form