STUDENT RESGISTRATION FORM

First Name	Ateen	
Last Name	Dubey	
Email ID	ateendubey@gmail.com	
Mobile Number	8808xxxxx	(10 Digits Allowed)
Gender	○ Male ○ Female	
Date of Birth(DOB)	Day: ✔ Month: ✔ Year: ✔	
Hobbies	□ Drawing □ Singing□ Others	□ Dancing □ Sketching
Qualification	 ☐ High School(10th) ☐ Higher School(12th) ☐ Graduation(Bachelors) ☐ Post Graduation(Masters) ☐ Phd 	
Courses Applied For	 BCA(Bachelor of Computer Applications) B.Com(Bachelor of Commerce) MCA(Master of Computer Applications) M.Com(Master of Commerce) 	
	Submit Reset	

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