|  |  |
| --- | --- |
| Name |  |
| Sex | Male  Female  Others |
| Date of Birth |  |
| Title | * MD * DO * Hospital Admin * CNM/CM * Other Midwife * Other (Specify) |
| Inside City Limits? | * Yes * No |

**Exam-6**

Title: Create a form & collect data

Time: 01 hour

Please Create this form & collect data:

**Web Concept**