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FOI	RM	VIEW
	REGISTRATION FORM	Л
First Name:		
Last Name:		
Age:		
Email:	Message	
Gender:	Ma Fer Pre Enter a first valid name	
Patient Type:	O	K
Message:		
Image Upload:	Browse	
	SUBMIT	

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FOI	RM	VIEW	
	REGISTRATION FOI	RM	
First Name:			
Last Name:			
Age:			
Email:	Message		
Gender:	Ma Fer Pre Enter a last valid name		
Patient Type:		ОК	
Message:			
Image Upload:	Browse		
	SUBMIT		

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FO	RM	VIEW	
	REGISTRATION FO	RM	
First Name:			
Last Name:			
Age:			
Email:	Validation Error		
Gender:	Ma Fer Pre Invalid age format		
Patient Type:		ОК	
Message:			
Image Upload:	Browse		
	SUBMIT		



FO	RM	VIEW
	REGISTRATION FORM	
First Name:	Gaurav	
Last Name:	Rai	
Age:	25	
Email:	rai@northocstorn com  Message	
Gender:	Ma Fer Please select patient type.	
	OK OK	
Patient Type:	OK.	
Message:		
Image Upload:	Browse	
	SUBMIT	

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FO	RM	VIE	W	
	REGISTRATION	N FORM		
First Name:	Gaurav			
Last Name:	Rai	]		
Age:	25			
Email:	rai@northeastern.com		Message	
Gender:	<ul><li>○ Male</li><li>○ Female</li></ul>	(i)	Please enter a message	
	Prefer not to say		ОК	
Patient Type:	•			
Message:				
Image Upload:	Browse			
	SUBMIT			

FORM	
REGISTRATION FORM	
First Name: Gaurav	
Last Name: Rai	
Age: 25	
Email: rai2northeastern.com	
Gender:    Male	
<ul><li>○ Female</li><li>○ Prefer not to say</li></ul>	
Patient Type: Specific   The left hot to say	
Message:	
Image Upload: Browse	
SUBMIT	

FOR		VIEW
	REGISTRATION FORM	
First Name:	Gaurav	
Last Name:	Rai	<b>6</b>
Age:	25	
Email:	User Information  rai@nc  Gaurav Rai	
Gender:	Ma     rai@northeastern.com     Male     Pre     Hi	
Patient Type:	Specific Speci	
Message:	Hi	
Image Upload:	Browse	
	SUBMIT	

	FORM	VIEW	
	VIEW PATI	ENT FORM	
First Name:	Gaurav		
Last Name:	Rai	6	
Age:	25		
Email:	rai@northeastern.com		
Gender:	<ul><li>Male</li><li>Female</li><li>Prefer not to say</li></ul>		
Patient Typ	e: Specific v		
Message:	Hi		
Image Uplo	ad: Browse		