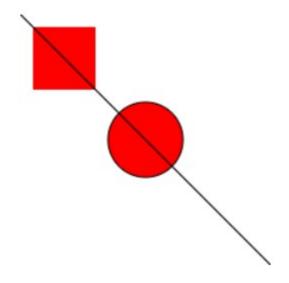
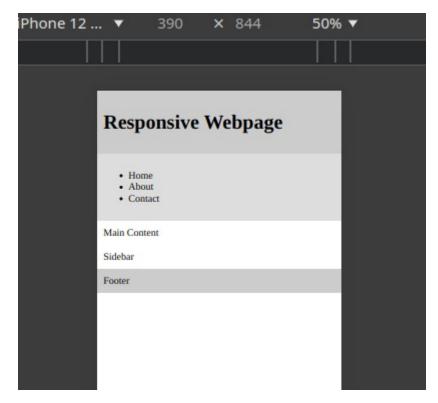
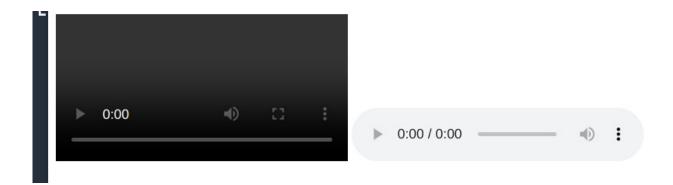
5th question



4th question



 3^{rd} question



 2^{nd} question

Full Name:	
Email:	
Password:	
Date of Birth: mm/dd/yyyy 🗖	
Gender: ○ Male ○ Female	
Submit	

1st question

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