

STUDENT REGISTRATION FORM

FIRST NAME	<input type="text"/>	(max 30 characters a-z and A-Z)
LAST NAME	<input type="text"/>	(max 30 characters a-z and A-Z)
DATE OF BIRTH	Day: <input type="text"/> Month: <input type="text"/> Year: <input type="text"/>	
EMAIL ID	<input type="text"/>	
MOBILE NUMBER	<input type="text"/>	(10 digit number)
GENDER	Male <input type="radio"/> Female <input type="radio"/>	

ADDRESS	<input type="text"/>
CITY	<input type="text"/> (max 30 characters a-z and A-Z)
PIN CODE	<input type="text"/> (6 digit number)
STATE	<input type="text"/> (max 30 characters a-z and A-Z)
COUNTRY	<input type="text"/> India
HOBBIES	Drawing <input type="checkbox"/> Singing <input type="checkbox"/> Dancing <input type="checkbox"/> Sketching <input type="checkbox"/> Others <input type="checkbox"/> <input type="text"/>

QUALIFICATION	Sl.No.	Examination	Board	Percentage	Year of Passing
	1	Class X	<input type="text"/>	<input type="text"/>	<input type="text"/>
	2	Class XII	<input type="text"/>	<input type="text"/>	<input type="text"/>
	3	Graduation	<input type="text"/>	<input type="text"/>	<input type="text"/>
	4	Masters	<input type="text"/>	<input type="text"/>	<input type="text"/>
			(10 char max)	(upto 2 decimal)	

COURSES APPLIED FOR	BCA <input type="radio"/> B.Com <input type="radio"/> B.Sc <input type="radio"/> B.A <input type="radio"/>
<input type="button" value="Submit"/> <input type="button" value="Reset"/>	