7/26/24, 1:22 PM Form

Your Name :
Date Of Birth: dd-mm-yyyy
Weekly Work Capacity:
Profile Picture : Choose File No file chosen
Gender : \bigcirc Male \bigcirc Feamle \bigcirc Others
Food Choices : \square Vegtarian \square Non vegtarian
Primary lanugage: Select
Enter you email : Enter your email
Contact Number :
Your Password :
Confirm Password :
☐ Term And Conditions :
submit