

Form - Registration form for Digital Wellness Course

:: Contact Person Details ::

Name *	<input type="text"/>
Address *	<input type="text"/>
Email *	<input type="text"/>
Phone No *	<input type="text"/>

CANDIDATE DETAILS

Candidate Name *	<input type="text"/>
Gender *	<input type="text" value="- select -"/>
Date of Birth * (e.g. DD/MM/YYYY)	<input type="text"/>
Aadhaar Number *	<input type="text"/>
PAN Number	<input type="text"/>
Guardian Type *	<input type="text" value="- select -"/>
Guardian Name *	<input type="text"/>
Mother Name *	<input type="text"/>
Candidate Photo	<input type="text" value="Browse... No file selected."/>
Highest Education Level *	<input type="text" value="- select -"/>

CONTACT DETAILS

Mobile No *	<input type="text"/>
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E-Mail Id *	<input type="text"/>
Full Address with Pin No * (Please mention : At/Vill, PO, PS, Dist, Pin No, State)	<input type="text"/>

SPONSORED INFORMATION AND FINAL SUBMISSION

Sponsored Name *	<input type="radio"/> Yes <input type="radio"/> No
If Yes, Give the Sponsored Username	<input type="text"/>