

Registration Form

Name	:	<input type="text"/>
Gender	:	<input type="radio"/> Male <input type="radio"/> Female
Date of Birth	:	<input type="text"/> <input type="text"/> <input type="text"/>
Permanent Address	:	<input type="text"/>
Mobile	:	<input type="text"/>
Email	:	<input type="text"/>
Course Studied	:	<input type="text"/>
Years in S.B.T. College	:	<input type="text"/>
Year of Graduation	:	<input type="text"/>
College Roll No	:	<input type="text"/>
Present Occupation	:	<input type="text"/>
Participation in Extra Curricular Activities/Sports in the College	:	<input type="text"/>
Awards Won	:	<input type="text"/>
Qualification Added after leaving the College	:	<input type="text"/>
Have you visited the College recently?	:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Confirm Participation in Alumni Meet	:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of filling of form	:	<input type="text"/>