Student Spot Registration

Institute Name*			
Student Personal I	Details		
Enrollment No*	Student Name*		Gender* Male Female
Date of Birth	Caste*	Mobile No*	Email Id
Home Town District*	Is Physically handicapped Yes No		
Student Education	ial Details		
	course Name*	Specialization / Branch	Passing Year
Student Education Course Level* Final Year Percentage*		Specialization / Branch Finishing School Yes No	Passing Year Skill Training Yes No