

# Feedback

<b>Name</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>
<b>Telephone No.</b>	<input type="text"/>
<b>Mobile No</b>	<input type="text"/>
<b>Qualifications / Experience</b>	<input type="text"/>
<b>Profession</b>	<input type="text"/>
<b>Email Address</b>	<input type="text"/>
<b>Suggestion</b>	<input type="text"/>
<b>Enter Captcha Code</b>	4 V Hs <input type="text"/>
	<input type="submit" value="Submit"/>