<html>

<head>

<title>

Registration Page

</title>

</head>

<body bgcolor="Lightskyblue">

<br>

<br>

<form>

<label> Firstname </label>

<input type="text" name="firstname" size="15"/> <br> <br>

<label> Middlename: </label>

<input type="text" name="middlename" size="15"/> <br> <br>

<label> Lastname: </label>

<input type="text" name="lastname" size="15"/> <br> <br>

<label> <Html>

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<label> Firstname </label>

<input type="text" name="firstname" size="15"/> <br> <br>

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<input type="text" name="middlename" size="15"/> <br> <br>

<label> Lastname: </label>

<input type="text" name="lastname" size="15"/> <br> <br>

<label>

Qualification:

</label>

<select>

<option value="Course">Course</option>

<option value="BCA">BCA</option>

<option value="BBA">BBA</option>

<option value="B.Tech">B.Tech</option>

<option value="MBA">MBA</option>

<option value="MCA">MCA</option>

<option value="M.Tech">M.Tech</option>

</select>

<br>

<br>

<label>

Gender :

</label><br>

<input type="radio" name="male"/> Male <br>

<input type="radio" name="female"/> Female <br>

<input type="radio" name="other"/> Other

<br>

<br>

<label>

Age:

</label>

<input type="number" name="Age"><br><br>

Email:

<input type="email" id="email" name="email"/> <br>

<br> <br>

Password:

<input type="Password" id="pass" name="pass"> <br>

<br> <br>

Re-type password:

<input type="Password" id="repass" name="repass"> <br> <br>

<input type="button" value="Submit"/>

</form>

</body>

</html>

Qualification :

</label>

<select>

<option value="Qualification">Qualification</option>

<option value="10th">10th</option>

<option value="12th">12th</option>

<option value="BE">BE</option>

<option value="BCA">BCA</option>

<option value="BBA">BBA</option>

<option value="B.Tech">B.Tech</option>

<option value="MBA">MBA</option>

<option value="MCA">MCA</option>

<option value="M.Tech">M.Tech</option>

</select>

<br>

<br>

<label>

Gender :

</label><br>

<input type="radio" name="male"/> Male <br>

<input type="radio" name="female"/> Female <br>

<input type="radio" name="other"/> Other

<br>

<br>

<label>

Phone :

</label>

<input type="text" name="country code" value="+91" size="2"/>

<input type="text" name="phone" size="10"/> <br> <br>

Address

<br>

<textarea cols="80" rows="5" value="address">

</textarea>

<br> <br>

Email:

<input type="email" id="email" name="email"/> <br>

<br> <br>

Password:

<input type="Password" id="pass" name="pass"> <br>

<br> <br>

Re-type password:

<input type="Password" id="repass" name="repass"> <br> <br>

<input type="button" value="Submit"/>

</form>

</body>

</html>