<!DOCTYPE html>

<html>

<head>

<h1>HTML FORM</h1>

<form action=submit.html>

<meta charset="utf-8">

<meta name="viewport" content="width=device-width">

</head>

<body>

<label for="fname">First Name</label><br>

<input type="text" required><br><br>

<label for="lname">Last Name</label><br>

<input type="text" required><br><br>

<label for="gender">Gender </label>

<input type="radio" name="gender" checked><label for="male">Male</label>

<input type="radio" name="gender"><label for="female">Female</label>

<input type="radio" name="gender"><label for="other">Other</label><br><br>

<label for="Qualification">Highest Qualification</label>

<select name="Qualification">

<option value="1">SSC</option>

<option value="2">Inter</option>

<option value="3">B.Tech</option>

<option value="4">M.Tech</option>

<option value="5">Ph.D</option>

</select><br><br><br>

<label for="email">E-mail </label>

<input type="email" required><br><br>

<label for="phonenumber">Phone Number </label>

<input type="tel" pattern="[0-9]{10}" required><br><br>

<label for="address">Address</label><br>

<textarea name="address" cols="40" rows="2"></textarea><br><br>

<button type="submit">Submit</button>

<button type="reset">Reset</button>

</form>

</body>

</html>