registrationform.html ×

registrationform.html > html > body > fieldset > table > tr > td > br

```html
1    <!DOCTYPE html>
2    <html>
3       <head>
4         <title> STUDENT REGISTRATION FORM </title>
5         <link rel="icon" href="https://cdn-icons-png.flaticon.com/512/2397/2397697.png">
6       </head>
7       <body>
8        <fieldset>
9               <legend align="center"> STUDENT REGISTRATION FORM </legend>
10              <img src="https://encrypted-tbn0.gstatic.com/images?q=tbn:ANd9GcSTyB2eiAYyZIwpAmaamm99TtWRc_v4ZGIBCA&usqp=CAU"
11              width="150px" height="150px" style="float:right;padding:30px"/>
12         <table>
13             <tr>
14             <td>
15               <h3><b><u><label>Personal Information :</label></u></b></h3>
16              <label for="firstName">First Name :</label>
17              <input type="text" id="firstName" autofocus Name="firstName" required/>*&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp
18              <label for="lastName">Last Name : </label>
19              <input type="text" id="lastName" autofocus Name="lastName" required/>*<br>
20             </td>
21           </tr>
22           <tr>
23             <td>
24                <br>
25              <label for="fatherName">Father Name :</label>
26              <input type="text" id="fatherName" autofocus Name="fatherName" required/>*&nbsp&nbsp&nbsp
27              <label for="motherName">Mother Name :</label>
28              <input type="text" id="motherName" autofocus Name="motherName" required/>*<br>
29             </td>
30           </tr>
31           <tr>
32             <td>
```

registrationform.html ●

registrationform.html > ⊗ html > ⊗ body > ⊗ fieldset > ⊗ table > ⊗ tr > ⊗ td > ⊗ br

```html
34            <label for="dob">Date of Birth: </label>
35            <input type="Date" id="dob" autofocus Name="dob"/>*&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp
36          </td>
37        <tr>
38          <td><br>
39            <label for="gender">*Gender : </label>
40            <input type="radio" id="genderm" Name="gender"/>
41            <label>Male</label>
42            <input type="radio" id="genderf" Name="gender"/>
43            <label>Female</label>
44            <input type="radio" id="gendero" Name="gender"/>
45            <label>Others</label>
46          </td>
47        </tr>
48        <tr>
49          <td><br>
50            <label for="email">Email ID : </label>
51            <input type="mail" id="email" Name="email" required/>*&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp
52          </td>
53          <tr>
54            <td><br>
55            <label for="phone">Phone number :  </label>
56            <select>
57              <option>+91</option>
58              <option>+81</option>
59              <option>+01</option>
60              <option>+61</option>
61              <option>+71</option>
62              <option>+31</option>
63            </select>
64            <input type="Phone" id="phone" Name="phone"/>
65          </td>
```

```html
<tr>
    <td><br>
        <h3><b><u><label>Address :</label></u></b></h3>
        <label>H-no: </label>
        <input type="text" id="address" autofocus Name="address" required/>&nbsp&nbsp&nbsp
        <label for="city">State: </label>
        <select>
            <option>---select one---</option>
            <option>Arunachal Pradesh</option>
            <option>Madya Paradesh/option>
            <option>Maharashtra</option>
            <option>Andhra Pradesh</option>
            <option>Telangana</option>
            <option>Bihar</option>
        </select>&nbsp&nbsp&nbsp&nbsp
        <label for="city">City: </label>
        <input type="text" id="city" autofocus Name="address" /><br/><br/>
        <label for="district">District: </label>&nbsp
        <input type="text" id="district" autofocus Name="address"/> &nbsp&nbsp
        <label for="address">Pincode: </label>
        <input type="text" id="address" autofocus Name="address" required/>
    </td>
</tr>
<tr>
    <td><br>
        <label for="clgname">College Name: </label>
        <input type="text" id="clgname" Name="clgname" required/>&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp
        <label for="university">University: </label>
        <input type="text" id="university" Name="clgname" required/>&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp
```

`<>` registrationform.html ×

`<>` registrationform.html > `</>` html > `</>` body > `</>` fieldset > `</>` table > `</>` tr > `</>` td > `</>` br

```
 93              <label for="university">University: </label>
 94              <input type="text" id="university" Name="clgname" required/>&nbsp&nbsp&nbsp&nbsp&nbsp&nbsp
 95              <label for="department">Department : </label>
 96              <select>
 97                <option>---Select one---</option>
 98                <option>CSE</option>
 99                <option>ECE</option>
100                <option>EEE</option>
101                <option>Civil</option>
102                <option>Mechnaical</option>
103              </select>  <br/><br/>
104              <label for="percentage">Highest Qualification Percentage : </label>
105              <select>
106                <option>%</option>
107                <option>CGPA</option>
108              </select>
109              <input type="number" id="percentage" Name="clgname"/>  <br /><br/>
110              <label for="uploadfiles" multiple>Upload documents: </label>
111              <input type="file" id="uploadfiles" />
112              <center>
113                <input name="submit" type="submit" value="Submit"/>&nbsp&nbsp
114                <input name="reset" type="reset" value="Reset"/>
115              </center>
116            </table>
117          </fieldset>
118        </form>
119      </body>
120    </html>
```

──── STUDENT REGISTRATION FORM ────

Personal Information :

First Name : [   ]*   Last Name : [   ]*

Father Name : [   ]*   Mother Name : [   ]*

Date of Birth: [mm/dd/yyyy 📅]*

*Gender : ○ Male ○ Female ○ Others

Email ID : [   ]*

Phone number : [+91 ▾] [   ]

Address :

H-no:[   ]   State:[---select one--- ▾]   City:[   ]

District:[   ]   Pincode:[   ]

College Name:[   ]   University:[   ]   Department : [---Select one--- ▾]

Highest Qualification Percentage : [% ▾] [   ]

Upload documents: [Choose File] No file chosen

[Submit] [Reset]