# Customer Care Registry

## Assignment-1

```html
<div class="container">
<h1>HTML registration form with varification</h1>
<form name="registration" class="registartion-form" onsubmit="return formValidation()">
  <table>
   <tr>
     <td><label for="name">Name:</label></td>
     <td><input type="text" name="name" id="name" placeholder="your name"></td>
   </tr>
   <tr>
     <td><label for="email">Email:</label></td>
     <td><input type="text" name="email" id="email" placeholder="your email"></td>
   </tr>
   <tr>
     <td><label for="password">Password:</label></td>
     <td><input type="password" name="password" id="password"></td>
   </tr>
   <tr>
     <td><label for="phoneNumber">Phone Number:</label></td>
     <td><input type="number" name="phoneNumber" id="phoneNumber"></td>
   </tr>
   <tr>
     <td><label for="gender">Gender:</label></td>
     <td>Male: <input type="radio" name="gender" value="male">
      Female: <input type="radio" name="gender" value="female">
      Other: <input type="radio" name="gender" value="other"></td>
   </tr>
   <tr>
     <td><label for="language">language</label></td>
     <td>
      <select name="language" id="language">
        <option value="">Select language</option>
        <option value="English">English</option>
        <option value="Spanish">Spanish</option>
        <option value="Hindi">Hindi</option>
        <option value="Arabic">Arabic</option>
        <option value="Russian">Russian</option>
      </select>
```

```html
        </td>
      </tr>
      <tr>
        <td><label for="zipcode">Zip Code:</label></td>
        <td><input type="number" name="zipcode" id="zipcode"></td>
      </tr>
      <tr>
        <td><label for="about">About:</label></td>
        <td><textarea name="about" id="about" placeholder="Write about yourself..."></textarea></td>
      </tr>
      <tr>
        <td colspan="2"><input type="submit" class="submit" value="Register" /></td>
      </tr>
    </table>
  </form>
```