

```

<!DOCTYPE html>
<html>
    <head>
        <title>Asgn1_Form</title>
        <style type="text/css">
            *{
                margin: 0;
                padding: 0;
            }
            body{
                background-image:url(Blog-1.png);
                background-position:center;
                background-size:cover;
                font-family:sans-serif;
                margin-top:40px;
            }
            .regform{
                width: 800px;
                background-color:rgb(0,0,0,0.6);
                margin:auto;
                color:#FFFFFF;
                padding:10px 0px 10px 0px;
                text-align: center;
                border-radius: 15px;
            }
            .main{
                background-color:rgb(0,0,0,0.5);
                width: 800px;
                margin: auto;
            }
            form{
                padding: 10px;
            }
        </style>
    </head>
    <body>
        <div class="regform">
            <center>
                <h1> Registration Form </h1> </center>
            </div>
            <div class="main">
                <form method="post">
                    <center>
                        <table>
                            <tr>
                                <td>
                                    <label
for="name">Name:</label>
                                </td>
                                <td>
                                    <input id="name" type="text"
name="Name" placeholder="Enter Name" required>
                                </td>
                            </tr>
                            <tr>
                                <td>
                                </td>
                            </tr>
                        </table>
                    </center>
                </form>
            </div>
        </div>
    </body>
</html>

```

<div> <div>Email:</div> <input name="email" placeholder="Enter Email" required="" type="email"/> </div>	
<div> <div>Address:</div> <div> <div>Enter Address</div> </div> </div>	
<div> <div>Gender:</div> <div> <input type="radio"/> Male <input type="radio"/> Female </div> </div>	
<div> <div>Cources Opted:</div> <div> <input type="checkbox"/> Maths <input type="checkbox"/> Biology <input type="checkbox"/> Physics <input type="checkbox"/> Chemistry </div> </div>	

```

                                <label
for="languages">Choose Language Subject:</label>
                                </td>
                                <td>
                                <select name="language"
id="language">
                                <option
value="English">English</option>
                                <option
value="Hindi">Hindi</option>
                                <option
value="French">French</option>
                                <option
value="Korean">Korean</option>
                                </select>
                                </td>
                                </tr>
                                <tr>
                                <td>
                                <input type="submit"
name="submit">
                                </td>
                                </tr>
                                </table>
                                </center>
                                </form>
                                </div>
                                </body>
                                </html>

```