



Student Registration Fo...

Roshan



Sign Up

Log In

HTML

CSS

JS

Result



```
<html>
<head>
<title>Student Registration Form</title>

</head>

<body>
<h3>STUDENT REGISTRATION FORM</h3>

<table align="center" cellpadding = "10">

<!-- First Name ----->
<tr>
<td>FIRST NAME</td>
<td><input type="text" name="First_Name" maxlength="30"/>
(max 30 characters a-z and A-Z)
</td>
</tr>

<!-- Last Name ----->
<tr>
<td>LAST NAME</td>
<td><input type="text" name="Last_Name" maxlength="30"/>
(max 30 characters a-z and A-Z)
</td>
</tr>

<!-- Date Of Birth ----->
<tr>
<td>DATE OF BIRTH</td>

<td>
<select name="Birthday_day" id="Birthday_Day">
<option value="-1">Day:</option>
<option value="1">1</option>
<option value="2">2</option>
<option value="3">3</option>

<option value="4">4</option>
<option value="5">5</option>
```



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Sign Up

Log In

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CSS

JS

Result



```
<option value="4">4</option>
<option value="5">5</option>
<option value="6">6</option>
<option value="7">7</option>
<option value="8">8</option>
<option value="9">9</option>
<option value="10">10</option>
<option value="11">11</option>
<option value="12">12</option>
```

```
<option value="13">13</option>
<option value="14">14</option>
<option value="15">15</option>
<option value="16">16</option>
<option value="17">17</option>
<option value="18">18</option>
<option value="19">19</option>
<option value="20">20</option>
<option value="21">21</option>
```

```
<option value="22">22</option>
<option value="23">23</option>
<option value="24">24</option>
<option value="25">25</option>
<option value="26">26</option>
<option value="27">27</option>
<option value="28">28</option>
<option value="29">29</option>
<option value="30">30</option>
```

```
<option value="31">31</option>
</select>
```

```
<select id="Birthday_Month" name="Birthday_Month">
<option value="-1">Month:</option>
<option value="January">Jan</option>
<option value="February">Feb</option>
<option value="March">Mar</option>
<option value="April">Apr</option>
<option value="May">May</option>
<option value="June">Jun</option>
<option value="July">Jul</option>
<option value="August">Aug</option>
<option value="September">Sep</option>
```



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Log In

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CSS

JS

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```
<option value="November">Nov</option>
<option value="December">Dec</option>
</select>

<select name="Birthday_Year" id="Birthday_Year">

<option value="-1">Year:</option>
<option value="2012">2012</option>
<option value="2011">2011</option>
<option value="2010">2010</option>
<option value="2009">2009</option>
<option value="2008">2008</option>
<option value="2007">2007</option>
<option value="2006">2006</option>
<option value="2005">2005</option>
<option value="2004">2004</option>
<option value="2003">2003</option>
<option value="2002">2002</option>
<option value="2001">2001</option>
<option value="2000">2000</option>

<option value="1999">1999</option>
<option value="1998">1998</option>
<option value="1997">1997</option>
<option value="1996">1996</option>
<option value="1995">1995</option>
<option value="1994">1994</option>
<option value="1993">1993</option>
<option value="1992">1992</option>
<option value="1991">1991</option>
<option value="1990">1990</option>

<option value="1989">1989</option>
<option value="1988">1988</option>
<option value="1987">1987</option>
<option value="1986">1986</option>
<option value="1985">1985</option>
<option value="1984">1984</option>
<option value="1983">1983</option>
<option value="1982">1982</option>
<option value="1981">1981</option>
<option value="1980">1980</option>
</select>
</td>
```



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Log In

HTML

CSS

JS

Result



```
</td>
</tr>

<!-- Email Id ----->
<tr>
<td>EMAIL ID</td>
<td><input type="text" name="Email_Id" maxlength="100" />
</td>
</tr>

<!-- Mobile Number ----->
<tr>
<td>MOBILE NUMBER</td>
<td>
<input type="text" name="Mobile_Number" maxlength="10" />
(10 digit number)
</td>
</tr>

<!-- Gender ----->
<tr>
<td>GENDER</td>
<td>
Male <input type="radio" name="Gender" value="Male" />
Female <input type="radio" name="Gender" value="Female" />
</td>
</tr>

<!-- Address ----->
<tr>
<td>ADDRESS <br /><br /><br /></td>
<td><textarea name="Address" rows="4" cols="30"></textarea>
</td>
</tr>

<!-- City ----->
<tr>
<td>CITY</td>
<td><input type="text" name="City" maxlength="30" />
(max 30 characters a-z and A-Z)
```



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Log In

HTML

CSS

JS

Result



(max 30 characters a-z and A-Z)

</td>

</tr>

<!-- Pin Code -->

<tr>

<td>PIN CODE</td>

<td><input type="text" name="Pin_Code" maxlength="6" />

(6 digit number)

</td>

</tr>

<!-- State -->

<tr>

<td>STATE</td>

<td><input type="text" name="State" maxlength="30" />

(max 30 characters a-z and A-Z)

</td>

</tr>

<!-- Country -->

<tr>

<td>COUNTRY</td>

<td><input type="text" name="Country" value="India" readonly="readonly" /></td>

</tr>

<!-- Hobbies -->

<tr>

<td>HOBBIES

</td>

<td>

Drawing

<input type="checkbox" name="Hobby_Drawing" value="Drawing" />

Singing

<input type="checkbox" name="Hobby_Singing" value="Singing" />

Dancing

<input type="checkbox" name="Hobby_Dancing" value="Dancing" />



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Log In

HTML

CSS

JS

Result



Dancing

```
<input type="checkbox" name="Hobby_Dancing" value="Dancing" />
```

Sketching

```
<input type="checkbox" name="Hobby_Cooking" value="Cooking" />
```

```
<br />
```

Others

```
<input type="checkbox" name="Hobby_Other" value="Other">
<input type="text" name="Other_Hobby" maxlength="30" />
</td>
</tr>
```

```
<!-- Qualification ----->
```

```
<tr>
```

```
<td>QUALIFICATION <br /><br /><br /><br /><br /><br /><br />
</td>
```

```
<td>
```

```
<table>
```

```
<tr>
```

```
<td align="center"><b>Sl.No.</b></td>
```

```
<td align="center"><b>Examination</b></td>
```

```
<td align="center"><b>Board</b></td>
```

```
<td align="center"><b>Percentage</b></td>
```

```
<td align="center"><b>Year of Passing</b></td>
```

```
</tr>
```

```
<tr>
```

```
<td>1</td>
```

```
<td>Class X</td>
```

```
<td><input type="text" name="ClassX_Board" maxlength="30" />
</td>
```

```
<td><input type="text" name="ClassX_Percentage"
maxlength="30" /></td>
```

```
<td><input type="text" name="ClassX_YrOfPassing"
maxlength="30" /></td>
```

```
</tr>
```

```
<tr>
```

```
<td>2</td>
```

```
<td>Class XII</td>
```

```
<td><input type="text" name="ClassXII_Board" maxlength="30"
```



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Log In

HTML

CSS

JS

Result



```

<td>2</td>
<td>Class XII</td>
<td><input type="text" name="ClassXII_Board" maxlength="30"
/></td>
<td><input type="text" name="ClassXII_Percentage"
maxlength="30" /></td>
<td><input type="text" name="ClassXII_YrOfPassing"
maxlength="30" /></td>
</tr>

<tr>
<td>3</td>
<td>Graduation</td>
<td><input type="text" name="Graduation_Board" maxlength="30"
/></td>
<td><input type="text" name="Graduation_Percentage"
maxlength="30" /></td>
<td><input type="text" name="Graduation_YrOfPassing"
maxlength="30" /></td>
</tr>

<tr>
<td>4</td>
<td>Masters</td>
<td><input type="text" name="Masters_Board" maxlength="30" />
</td>
<td><input type="text" name="Masters_Percentage"
maxlength="30" /></td>
<td><input type="text" name="Masters_YrOfPassing"
maxlength="30" /></td>
</tr>

<tr>
<td></td>
<td></td>
<td align="center">(10 char max)</td>
<td align="center">(upto 2 decimal)</td>
</tr>
</table>

</td>
</tr>

```

<!-- Course ----->



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Log In

HTML

CSS

JS

Result



```
<td>COURSES</td><td>APPLIED FOR</td>
</td>
BCA
<input type="radio" name="Course_BCA" value="BCA">
B.Com
<input type="radio" name="Course_BCom" value="B.Com">
B.Sc
<input type="radio" name="Course_BSc" value="B.Sc">
B.A
<input type="radio" name="Course_BA" value="B.A">
</td>
</tr>

<!-- Submit and Reset -->
<tr>
<td colspan="2" align="center">
<input type="submit" value="Submit">
<input type="reset" value="Reset">
</td>
</tr>
</table>

</form>

</body>
</html>
```



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9:04 AM

codepen.io/roshanpatel88

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HTML

CSS

JS

Result

STUDENT REGISTRATION FORM

| | | |
|---------------|--|---------------|
| FIRST NAME | <input type="text"/> | (max 30 cha |
| LAST NAME | <input type="text"/> | (max 30 cha |
| DATE OF BIRTH | Day: <input type="text"/> Month: <input type="text"/> Year: <input type="text"/> | |
| EMAIL ID | <input type="text"/> | |
| MOBILE NUMBER | <input type="text"/> | (10 digit num |
| GENDER | Male <input type="radio"/> Female <input type="radio"/> | |
| ADDRESS | <input type="text"/> | |
| CITY | <input type="text"/> | (max 30 cha |
| PIN CODE | <input type="text"/> | (6 digit num |
| STATE | <input type="text"/> | (max 30 cha |
| COUNTRY | <input type="text" value="India"/> | |



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Roshan



Sign Up

Log In

HTML

CSS

JS

Result

NUMBER

(10 digit num)

GENDER

Male ☐ Female ☐

ADDRESS

CITY

(max 30 cha)

PIN CODE

(6 digit num)

STATE

(max 30 cha)

COUNTRY

India

HOBBIES

Drawing ☐ Singing ☐ Dancing ☐ Sket
Others ☐

QUALIFICATION

Sl.No. Examination

Board

1 Class X

2 Class XII

3 Graduation

4 Masters

(10 char max)

COURSES
APPLIED FORBCA ☐ B.Com ☐ B.Sc ☐ B.A ☐

Subm



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Log In

HTML

CSS

JS

Result

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ters a-z and A-Z)

ters a-z and A-Z)

ng ☐

| | Percentage | Year of Passing |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| (upto 2 decimal) | | |

Reset



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