|  |
| --- |
| <!DOCTYPE html> |
|  | <html> |
|  | <head> |
|  | <title>HTML form</title> |
|  | </head> |
|  | <style> |
|  | body{ |
|  | background-color: rgb(163, 28, 73); |
|  | } |
|  |  |
|  |  |
|  | </style> |
|  | <body><p><center> |
|  | <form> |
|  |  |
|  | <h1>The Form</h1> |
|  | <label for="Name"> Name: </label> |
|  | <input type="text" placeholder="Name"> |
|  | <br> |
|  | <br> |
|  | <label for="E">E-Mail Address</label> |
|  | <input type="email" placeholder="E-Mail Address"> |
|  | <br> |
|  | <br> |
|  | <label for="P">Password</label> |
|  | <input type="Password" placeholder="Password"> |
|  | <br> |
|  | <br> |
|  | <label for="phno">Phone Number</label> |
|  | <input type="number" placeholder="Phone Number"> |
|  | <br> |
|  | <br> |
|  | <label for="G">Gender:</label> |
|  | <label for="M">Male</label> |
|  | <input type="radio"> |
|  | <label for="F">Female</label> |
|  | <input type="radio"> |
|  | <label for="O">Other</label> |
|  | <input type="radio"> |
|  | <br> |
|  | <br> |
|  | <label for="L">Language</label> |
|  | <button type='submit'>Select Language</button> |
|  |  |
|  | <br> |
|  | <br> |
|  | <label for="Z">Zipcode</label> |
|  | <input type="number" placeholder="Zipcode"> |
|  | <br> |
|  | <br> |
|  | <label for="a">About</label> |
|  | <input type="text" placeholder="About"> |
|  | <br> |
|  | <br> |
|  | <button type="submit">Register</button> |
|  |  |
|  | </form></center> |
|  | </p> |
|  | </body> |
|  |  |
|  |  |
|  | </html> |