Enrollment No: [160110116004]

Practical - 2

PROGRAM:

```
<html>
<head>
    <meta name="viewport" content="width=device-width , initial-scale=1.0">
    <title>Registeryourself</title>
<body>
    <fieldset>
         <legend>Registration Form:</legend><br>
              Name:
                        <input type="text" placeholder="Write Your Name">
                   Email Id:
                        Phone No:
                        <input type="text" placeholder="Phone Number">
                   Gender:
                        <select>
                             <option value="Male">Male</option>
                             <option value="Female">Female</option>
```

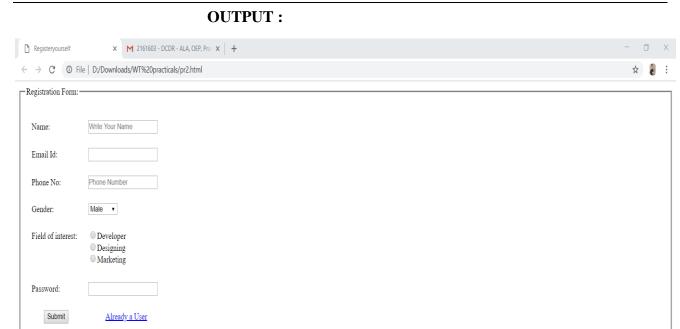
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Enrollment No: [160110116004] </select> Field of interest:

 <input type="radio" name="foi1" value="Develop">Developer
 <input type="radio" name="foi2" value="Design">Designing
 <input type="radio" name="foi3" value="Market">Marketing
 Password: <input type="password"> <input type="Submit"> href=login.html >Already a User </fieldset> </body> </head>

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