1.

```
<!DOCTYPE html>
<html>
<head>
   <title>Registration form</title>
</head>
<body>
   <h1> Registration form </h1>
   <form action="submit_form.php" method="POST">
      <label for="firstName">First Name:</label>
      <input type="text" id="firstName" name="firstName" required><br>


      <label for="lastName">Last Name:</label>
      <input type="text" id="lastName" name="lastName" required><br>


      <label for="mobileNumber">Mobile Number:</label>
      <input type="tel" id="mobileNumber" name="mobileNumber" required><br>


      <label for="gender">Gender:</label>
      <input type="radio" id="male" name="gender" value="male" required>
      <label for="male">Male</label>
      <input type="radio" id="female" name="gender" value="female">
      <label for="female">Female</label>
      <input type="radio" id="other" name="gender" value="other">
      <label for="other">Other</label><br>


      <label for="email">Email:</label>
      <input type="email" id="email" name="email" required><br>
```

```html
    <label>Favorite Music:</label>
    <input type="checkbox" id="rock" name="favoriteMusic" value="rock">
    <label for="rock">Rock</label>
    <input type="checkbox" id="pop" name="favoriteMusic" value="pop">
    <label for="pop">Pop</label>
    <input type="checkbox" id="otherMusic" name="favoriteMusic" value="other">
    <label for="otherMusic">Other</label><br>

    <label for="additionalDetails">Additional Details:</label>
    <textarea id="additionalDetails" name="additionalDetails" rows="4"></textarea><br>

    <label for="agreeCheckbox">I agree to the terms and conditions:</label>
    <input type="checkbox" id="agreeCheckbox" name="agreeCheckbox" required><br>

    <input type="submit" value="Submit">
    <input type="reset" value="Reset">
  </form>
</body>
</html>
```

2.

```html
<!DOCTYPE html>
<html>
<head>
  <title>Car Registration</title>
</head>
<body>
  <h1>Car Registration</h1>
```

```html
<form action="submit_form.php" method="POST">

    <label for="ownerName">Owner Name:</label>

    <input type="text" placeholder="owner name" id="ownerName" name="ownerName"
required><br>


    <label for="email">Email:</label>

    <input type="email" id="email" placeholder="Email" name="email" required><br>


    <label for="phoneNumber">Phone Number:</label>

    <input type="tel" id="phoneNumber"  placeholder="phone number" name="phoneNumber"
required><br>


    <label for="country">country:</label>

    <select id="countryr" name="country" required>

        <option value="" disabled selected>sri lanka</option>

        <option value="sri lanka">sri lanka</option>

        <option value="japan">japan</option>

        <option value="other">Other</option>

    </select><br>


    <label for="carModel">Car Model:</label>

    <input type="text" id="carModel" placeholder="model" name="carModel" required><br>


    <label for="year">manufacture year:</label>

    <select id="year" name="year" required>

        <option value="" disabled selected>Select year</option>

        <option value="2015">2015</option>

        <option value="2014">2014</option>

        <option value="other">Other</option>
```

```
        </select><br>

        <label>Transmission:</label>
        <input type="radio" id="manual" name="transmission" value="manual">
        <label for="manual">Manual</label>
        <input type="radio" id="auto" name="transmission" value="auto">
        <label for="auto">Auto</label><br>

        <label for="otherDetails">Other:</label>
        <textarea id="otherDetails" name="otherDetails" rows="4"></textarea><br>

        <label for="agreeCheckbox">I agree to the terms and conditions:</label>
        <input type="checkbox" id="agreeCheckbox" name="agreeCheckbox" required><br>

        <input type="submit" value="Submit">
        <input type="reset" value="Reset">
    </form>
</body>
</html>
```