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<!DOCTYPE html>
<html lang="en">
<head>
  <meta charset="UTF-8">
  <meta name="viewport" content="width=device-width, initial-scale=1.0">
  <title>Document</title>
</head>
<body>
<form name="login_form" action="list.html" method="post">
  <fieldset>
    <legend align="center"><b>Student Detail Form</b></legend>
    <br>
    <label for="name">Name</label>
    <input type="text" name="name" value="" placeholder="Enter your name"
maxlength="20" size="50" autofocus><br><br>

    <label for="pass">Password</label>
    <input type="password" name="pass" value="" placeholder="Enter your
password" maxlength="8" size="30"><br><br>

    <label for="email">Email Id</label>
    <input type="email" name="email" value="" placeholder="Enter your email
id" disabled><br><br>

    <label for="date">DOB</label>
    <input type="date" name="date" value="" min="2020-12-31" max="2023-01-
01"><br><br>

    <label for="date&time">DOB</label>
    <input type="datetime-local" name="date&time" value="" min="2020-12-01"
max="2023-01-01"><br><br>

    <label for="gender">Gender</label>
    <input type="radio" name="radio_btn">Male
    <input type="radio" name="radio_btn">Female
    <br><br>

    <label for="hobbies">Hobbies</label>
    <input type="checkbox" name="box1">Sports
    <input type="checkbox" name="box2">Music
    <input type="checkbox" name="box3">Dance
    <input type="checkbox" name="box4">Reading
    <br><br>

    <label for="address">Address</label>
    <textarea rows="5" cols="20"></textarea>

    <br><br>
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<label for="state">State</label>
<select name="state">
  <option value="0">--Select State--</option>
  <option value="1">Haryana</option>
  <option value="2">UP</option>
  <option value="3">MP</option>
  <option value="4">AP</option>
  <option value="5">Goa</option>
  <option value="6">Maharastra</option>
</select>

<br>
<br>
<label for="photo">Upload your resume</label>
<input type="file" name="photo">
<br>
<br>
<input type="submit" name="btn1" value="Submit">
<input type="reset" name="btn2" value="Reset">

</fieldset>
</form>
</body>
</html>
```