<!DOCTYPE html>

<html>

<head>

<meta charset="utf-8" />

<title></title>

</head>

<body>

<form>

Enter RollNo <input type="text" value="0" />

<br />

Enter Name <input type="text" value="" />

<br />

Select Course

C <input type="checkbox" value="0" />

C++ <input type="checkbox" value="1" />

Java <input type="checkbox" value="2" />

PHP <input type="checkbox" value="3" />

Select Timings

1-3 <input type="radio" value="0" />

3- 5 <input type="radio" value="1" />

5- 7 <input type="radio" value="2" />

7- 9 <input type="radio" value="3" />

Enter Password : <input type="password" />

<br />

Enter your address:<br>

<textarea rows="2" cols="20"></textarea>

<br />

<input type="button" value="Click" />

</form>

</body>

</html>

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<body>

<form>

<label for="rn"> Enter RollNo </label>

<input type="number" name="rn" id="rn" />

<br />

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

<input type="email" id="email"/> <br />

<label for="gender">Gender: </label>

<input type="radio" id="gender" name="gender" value="male" />Male

<input type="radio" id="gender" name="gender" value="female" />Female <br />

Hobby:<br>

<input type="checkbox" id="cricket" name="cricket" value="cricket" />

<label for="cricket">Cricket</label> <br>

<input type="checkbox" id="football" name="football" value="football" />

<label for="football">Football</label> <br>

<input type="checkbox" id="hockey" name="hockey" value="hockey" />

<label for="hockey">Hockey</label>

<label for="name"> Enter Name </label>

<input type="text" name="name" id="name" />

<br />

<label for="password">Password: </label>

<input type="password" id="password" name="password" /> <br />

<input type="button" value="Click" />

<input type="submit" value="Submit"/>

</form>

</body>

</html>

Validation

<!DOCTYPE html>

<html>

<head>

<meta charset="utf-8" />

<title></title>

</head>

<body>

<form>

<fieldset>

<legend> Personal Information </legend>

<label for="rn"> Enter RollNo </label>

<input type="number" name="rn" id="rn" required min=1 max=20 />

<br />

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

<input type="email" id="email" required /> <br />

<label for="gender">Gender: </label>

<input type="radio" id="gender" name="gender" value="male" />Male

<input type="radio" id="gender" name="gender" value="female" />Female <br />

</fieldset>

Hobby:<br>

<input type="checkbox" id="cricket" name="cricket" value="cricket" />

<label for="cricket">Cricket</label> <br>

<input type="checkbox" id="football" name="football" value="football" />

<label for="football">Football</label> <br>

<input type="checkbox" id="hockey" name="hockey" value="hockey" />

<label for="hockey">Hockey</label>

<label for="name"> Enter Name </label>

<input type="text" name="name" id="name" required maxlength="10" />

<br />

<label for="password">Password: </label>

<input type="password" id="password" name="password" /> <br />

<input type="button" value="Click" />

<input type="submit" value="Submit" />

</form>

</body>

</html>

Aligned contents

<!DOCTYPE html>

<html>

<head>

<meta charset="utf-8" />

<style>

table {

border-collapse: collapse;

width:100%;

}

td

{

width:50px;

}

</style>

<title></title>

</head>

<body>

<form method="post" action="#">

<table border="1">

<tr>

<td><label for="rn"> Enter RollNo </label> </td>

<td>

<input type="number" name="rn" id="rn" required />

</td>

</tr>

<tr>

<td> <label for="email"> Enter Email </label> </td>

<td> <input type="email" id="email" required /> <br /> </td>

</tr>

<tr>

<td> Select State</td>

<td> <select>

<option selected> Delhi </option>

<option> HP </option>

<option> Haryana </option>

</select>

</td>

</tr>

<tr>

<td colspan="2" style="align-content:center">

<input type="submit" value="Submit" />

</td>

</tr>

</table>

</form>

</body>

</html>