**Form code**

<!doctype html>

<html>

<head>

<title>HTML Form Assignment</title>

</head>

<body background="abstract.jpg">

<form>

<table *border*="1" *align*="center" cellpadding="5px">

<tr>

<th *align*="center" colspan="2">Registration Form</th>

</tr>

<tr>

<td><label for="a1">Student name</label></td>

<td><input id="a1" type="text"/></td>

</tr>

<tr>

<td><label for="a2">Father's Name</label></td>

<td><input id="a2" type="text"/></td>

</tr>

<tr>

<td><label for="a3">Mother's Name</label></td>

<td><input id="a3" type="text"/></td>

</tr>

<tr>

<td><label for="a4">Date of Birth</label></td>

<td><input  id="a4"type="date"/></td>

</tr>

<tr>

<td>Gender</td>

<td><label>Male</label><input type="radio" name="gen"/><label>Female</label><input type="radio" name="gen"/></td>

</tr>

<tr>

<td><label for="a6">Email ID</label></td>

<td><input id="a6" type="email"/></td>

</tr>

<tr>

<td><label for="a7">Mobile No.</label></td>

<td><input id="a7" type="number"/></td>

</tr>

<tr height="80px">

<td><label for="a8">Address</label></td>

<td><textarea id="a8" rows="3"></textarea></td>

</tr>

<tr>

<td><label for="a9">State</label></td>

<td><input id="a9" type="text"/></td>

</tr>

<tr>

<td><label for="b1">City</label></td>

<td><input  id="b1" type="text"/></td>

</tr>

<tr>

<td></td>

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

</tr>

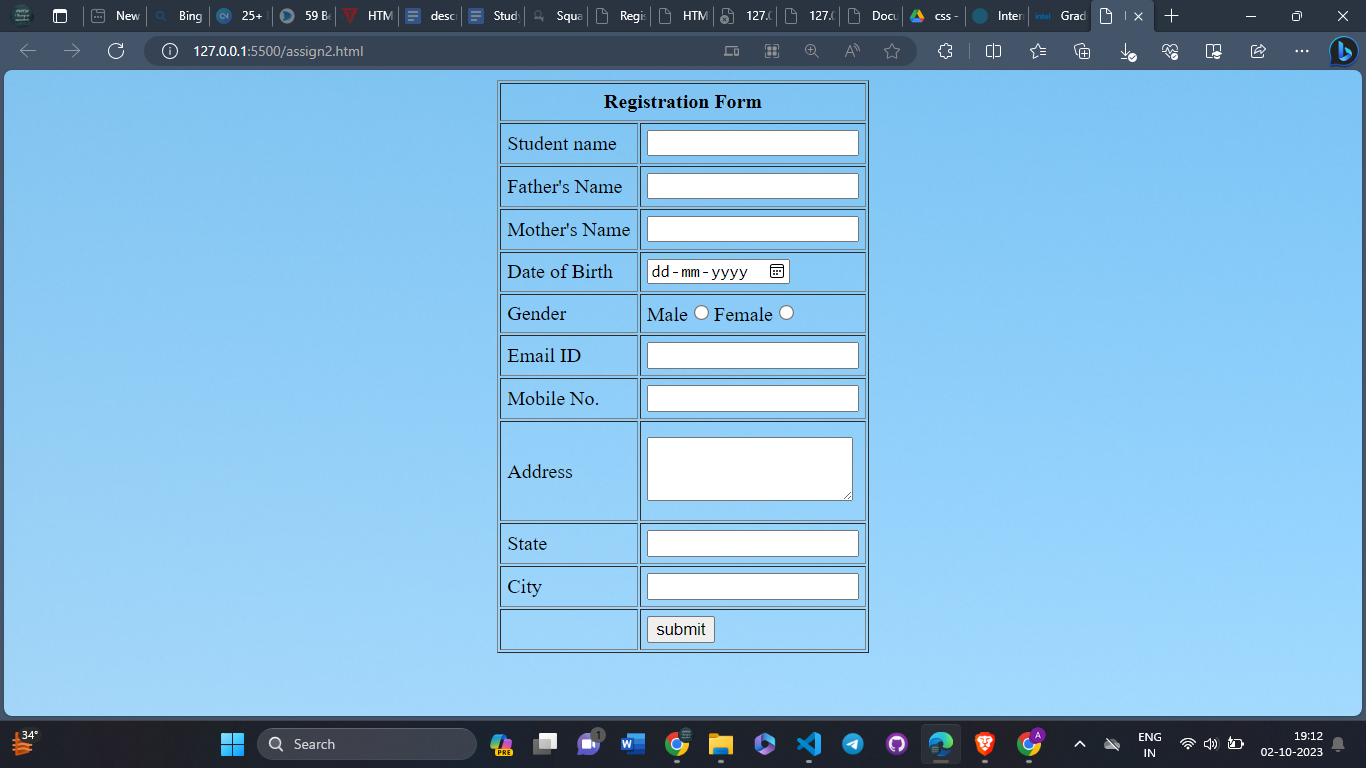
</table

*</form*>

</body>

</html>

**Output**

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