```
Exp:4
<html>
<head>
<title>form</title>
</head>
<body>
<h1 align="center">Registration form</h1>
<form>
NAME: <input type="text"/><br>
ADDRESS:<textarea rows="2"cols="25">address</textarea>
PHONE: <input type="text"><br>
EMAIL: <input type="text"><br>
GENDER: <input type="radio">Male</input><input type="radio">Female</input><br>
DOB: <input type="text"value="dd-mm-yyy"><br>
CATEGORY<select>
<option>OBC</option>
<option>OEC</option>
<option>SC/ST</option>
<option>Muslim</option>
</select>
<br>
Hobbies<input type="checkbox">playinggames<input type="checkbox">watchingtv<input
type="checkbox">Reading<br>
PASSWORD<input type="password"><br>
<input type="submit" value="submit"/><input type="reset"value="cancel"/>
</form>
</body>
</html>
```

