STUDENT REGISTRATION FORM

```
<html>

<body>

<form action="action.html" method="POST">

<fieldset>

<h1>STUDENT REGISTRATION FORM</h1>

First Name:<input type="text" name="first name" value=" "><br>

Last Name:<input type="text" name="last name" value=" "><br>

Father's Name: <input type="text" name="father name" value=" "><br>

Date Of Birth: <input type="text" name="dob" value=" "><br>

Permenent Address: <input type="text" name="personal address" value=" "><br>

City: <input type="text" name="city" value=" "><br>

Pin Code:<input type="text" name="pin code" value=" "><br>

State:<input type="text" name"state" value=" "><br>

Country: <input type="text" name="country" value="India"><br>

Gender: <input type="radio" name="gender" value="Female"> Female

<input type="radio" name="gender" value="Male"> Male<br>

EmailId: <input type="text" name="emailid" value=" "><br>

Phone No: <input type="text" name="phone no" value=" "><br>

Qualifications:<br>

<table>

<tr>

<th>Sl.No.</th>

<th>Examination</th>

<th>Board</th>

<th>Percentage</th>

<th>Year of Passing</th>

</tr>

<tr>

<td>1</td>

<td>SSLC</td>
```

```html
<td><input type="text" name="Qualifications"></td>
<td><input type="text" name="Qualifications"></td>
<td><input type="text" name="Qualifications"></td>
</tr>
<tr>
<td>2</td>
<td>PLUS TWO</td>
<td><input type="text" name="Qualifications"></td>
<td><input type="text" name="Qualifications"></td>
<td><input type="text" name="Qualifications"></td>
</tr>
<tr>
<td>3</td>
<td>GRADUATION</td>
<td><input type="text" name="Qualifications"></td>
<td><input type="text" name="Qualifications"></td>
<td><input type="text" name="Qualifications"></td>
</tr>
<tr>
<td>4</td>
<td>MASTERS</td>
<td><input type="text" name="Qualifications"></td>
<td><input type="text" name="Qualifications"></td>
<td><input type="text" name="Qualifications"></td>
</tr>
</table>
Courses Applied For:
<input type="radio" name="option" value="BCA"> BCA
<input type="radio" name="option" value="B.Com"> B.Com
<input type="radio" name="option" value="Bsc"> Bsc
<input type="radio" name="option" value="BA"> BA<br>
```

```
<input type="radio" name="option" value="MCA"> MCA

<input type="radio" name="option" value="Mtech"> M.Com

<input type="radio" name="option" value="mba"> MBA<br>

<input type="Reset" value="Reset">

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

</fieldset>

</form>

</body>

</html>
```

OUTPUT

STUDENT REGISTRATION FORM

First Name:
Last Name:
Father's Name:
Date Of Birth:
Permenent Address:
City:
Pin Code:
State:
Country: India
Gender: ○ Female ○ Male
EmailId:
Phone No:
Qualifications:

Sl.No.	Examination	Board	Percentage	Year of Passing
1	SSLC			
2	PLUS TWO			
3	GRADUATION			
4	MASTERS			

Courses Applied For: ○ BCA ○ B.Com ○ Bsc ○ BA
○ MCA ○ M.Com ○ MBA

Reset Submit

FRAMES

<html>

<head>

<title> This is frame.</title>

</head>

<frameset cols="150, 200, 200, 250">

<frame src="hl.html" name="first frame"/>

<frame src="image.html" name="second frame"/>

<frame src="table.html" name="third frame"/>

<frame src="eform.html" name="fourth frame"/>

<noframes>

<body>Your browser or device does not support frames</body>

</noframes>

</frameset>

</html>

1.HYPER LINK

<html>

<head>

<title>This page is demonstrate hyperlink.</title>

</head>

<body>

W3Schools

```
</body>

</html>
```

2.IMAGE

```
<html>

<head>

<title>This show image.</title>

</head>

<body>

<img src="flower.jpg" alt="flower">

</body>

</html>
```

3.TABLE

```
<html>

<head>

<title>This shows table.</title>

</head>

<body>

<h1> MARK SHEET OF 2020</h1>

<table style="width:50%">

<tr>

<th>NAME</th>

<th>ROLL NO. </th>

<th>TOTAL MARK</th>

<th>OBTAINED MARK</th>

</tr>

<tr>

<td>Angel Marrie</td>

<td>1</td>
```

```
<td>100</td>

<td>58</td>

</tr>

<tr>

<td>Abdul K T</td>

<td>2</td>

<td>100</td>

<td>45</td>

</tr>

<tr>

<td>Henry Roy</td>

<td>3</td>

<td>100</td>

<td>90</td>

</tr>

<tr>

<td>Jesna P</td>

<td>4</td>

<td>100</td>

<td>72</td>

</tr>

</table>

</body>

</html>
```

4.EMPLOYEE REGISTRATION FORM

```
<html>

<body>

<form action="action.html" method="POST">

<fieldset>

<h1>Employee Registration Form</h1>
```

First Name: <input type="text" name="first name" value=" ">

Last Name: <input type="text" name="last name" value=" ">

UserName: <input type="text" name="username" value=" ">

Password: <input type="text" name="password" value=" ">

Re-type Password: <input type="text" name="re-type password" value=" ">

Gender:

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

<input type="radio" name"gender" value="Female"> Female

<input type="radio" name="gender" value="Other"> Other

Address: <input type="text" name="address" value=" ">

Contact No: <input type="text" name="contact no" value=" ">

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

</fieldset>

</form>

</body>

</html>

OUTPUT

W3Schools

MARK SHEET OF 2020

NAME	ROLL NO.	TOTAL MARK	OBTAINED MARK
Angel Marrie	1	100	58
Abdul K T	2	100	45
Henry Roy	3	100	90
Jesna P	4	100	72

Employee Registration Form

First Name: [   ]

Last Name: [   ]

UserName: [   ]

Password: [   ]

Re-type Password: [   ]

Gender: ○ Male ○ Female ○ Other

Address: [   ]

Contact No: [   ]

[Submit]