

```
<Html>
```

```
<head>
```

```
<title>
```

```
Registration Page
```

```
</title>
```

```
</head> <form>
```

```
<label> Firstname </label>
```

```
<input type="text" name="firstname" size="15"/> <br> <br>
```

```
<label> Middlename: </label>
```

```
<input type="text" name="middlename" size="15"/> <br> <br>
```

```
<label> Lastname: </label>
```

```
<input type="text" name="lastname" size="15"/> <br> <br>
```

```
<label>
```

```
Course :
```

```
</label>
```

```
<select>
```

```
<option value="Course">Course</option>
```

```
<option value="BCA">BCA</option>
```

```
<option value="BBA">BBA</option>
```

```
<option value="B.Tech">B.Tech</option>
```

```
<option value="MBA">MBA</option>
```

```
<option value="MCA">MCA</option>
```

```
<option value="M.Tech">M.Tech</option>
```

```
</select>
```

```
<br>
```

```
<br>
```

<label>

Email:

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

<br> <br>

Password:

<input type="Password" id="pass" name="pass"> <br>

<br> <br>

Re-type password:

<input type="Password" id="repass" name="repass"> <br> <br>

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

</form>

</body>

</html>

FIRST NAME	<input type="text"/>		
LAST NAME	<input type="text"/>		
DATE OF BIRTH	Day: <input type="text"/>	Month: <input type="text"/>	Year: <input type="text"/>
EMAIL ID	<input type="text"/>		
QUALIFICATION	Sl.No.	Examination	Board
	1	Class X	<input type="text"/>
	2	Class XII	<input type="text"/>
	3	Graduation	<input type="text"/>
	4	Masters	<input type="text"/>
			(10 char m
COURSES APPLIED FOR	BCA <input type="radio"/> B.Com <input type="radio"/> B.Sc <input type="radio"/> B.A <input type="radio"/>		