PROGRAM NO.4 PROGRAM 4

Registration Form

Phone number or email address

First name [   ] Last name [   ]

Date of birth: [dd-mm-yyyy]
Gender :
○ Male
○ Female
○ Other

Enter new password

Confirm new password

[Login]

[Already have an account]

```
1   PROGRAM NO.4
2   PROGRAM 4
3   <html>
4   <head><title>Registration form</title></head>
5   <body bgcolor="lightgray">
6   <h1>Registration Form</h1>
7   <br/>
8   <br/>
9   <form>
10  <label class="no" align="center">Phone number or email address</label><br/>
11  <input type="text"></input>
12  <br/><br/>
13  <label class="name">First name</label>
14  <input type="text"></input>
15  <label class="lname">Last name</label>
16  <input type="text"></input>
17  <br/><br/>
18  <label for="dob">Date of birth:</label>
19  <input type="date" id="DOB" name="DOB"><br/>
20  <label> Gender :</label>
21  <br>
22  <input type="radio" name="male"/> Male <br>
23  <input type="radio" name="female"/> Female <br>
24  <input type="radio" name="other"/> Other
25  <br/>
26  <br/>
27  <label class="password">Enter new password</label>
28  <br/>
29
30  <input type="text"></input>
31  <br/><br/>
32  <label class="password">Confirm new password</label>
33  <br/>
34  <input type="text"></input>
35  <br/>
36  </form>
37  <button class="login">Login</button>
38  <br/><br/>
39  <button class="new account">Already have an account</button>
40  </body>
41  </html>
```