

# OUTPUT:

SRMJEE REGISTRATION FORM	
	Form
Name	<input type="text"/>
Course	<input type="text"/>
Semester	<input type="text"/>
Form No.	<input type="text"/>
Contact No.	<input type="text"/>
Email id	<input type="text"/>
Address	<input type="text"/>
<input type="submit" value="Submit"/>	