

(1)

Name - Anurag Dobhal Roll NO - 12 , Course - MCA-1-C

Ans-1

<HTML>

<Body>

<form method "Post" action="employee information.html">

<label> Name </label>

<input type="text">

<label> email </label>

<input type="mail">

<Button type="Submit"> Submit </Button>



Name - Anurag Pabhal , Roll No - 12 , Course - MCA-1C

Ans-1

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<HTML>
  <HEAD>
    <TITLE> FORM </TITLE>
  </HEAD>
  <Body>
    <FORM>
      <label> Name </label>
      <input type="text">
      <label> Employee ID </label>
      <input type="number">
      <label> Phone Number </label>
      <input type="phone">
      <label> Gender </label>
      <input type="radio" name="gender" value="male"> Male
      <input type="radio" name="gender" value="female"> Female
      <label> DOB </label>
      <input type="date" name="dob">
      <label> Upload files </label>
      <input type="file">
    </form>
  </Body>

```