

<DOCTYPE html>

<html>

<head>

<title></title>

</head>

<body>

<form>

<label> User Id: </label>

<input type = "text"

name = "userid">

<label> Password: </label>

<input type = "password"

name = "pass">

</form>

<button type = "submit"

name = "login"> Login </button>

</body>

</html>

```
<DOCTYPE html>
<html>
  <head>
    <title></title>
  </head>
  <body>
    <form name = "Employee Information">
      <label>Name</label>
      <input type = "text"
name = "userid"><br><br>
      <label>Employee Id</label>
      <input type = "number"
name = "employeeid"><br><br>
      <label>Gender:</label>
      <input type = "radio" value = "male" name = "gender">
        <label for = "male"> Male</label>
      <input type = "radio"
value = "female" name = "gender">
        <label for = "female"> female</label>
```

```
<label> Date of Birth: </label>  
<input type="date"  
name="dob"><br><br>
```

```
</label> upload Documents </label>
```

```
<input type="file"
```

```
name="myfile"><br><br>
```

```
<input type="submit">
```

```
</form>
```

```
</body>
```

```
</html>
```