

PatientName:	
Mobile:	
Email:	
DoctorName:	
AppointmentDate: dd-	mm-yyyy:
CUDMIT	

SUBMIT

```
1 <!DOCTYPE html>
    <html lang="en">
    <head>
        <meta charset="UTF-8">
        <meta http-equiv="X-UA-Compatible" content="IE=edge">
        <meta name="viewport" content="width=device-width, initial-scale=1.0">
        <title>KAMAT HOSPITAL APPOINTMENT FORM</title>
    </head>
        <form action="">
            <fieldset >
11
12
                <img src="./hospitalimg.jpg" alt="non" height="250" width="1200"> <br>
               <legend align="center" > <b>SANCHITI HOSPITAL APPOINTMENT FORM</b> </legend>
               <center><label for="PatientName:">PatientName:</label>
15
                <input
                         type="text">
                <br>
                <label for="MobileNo:">Mobile:</label>
                <input type="text">
19
                <hr>>
                <label for="Email">Email:</label>
                <input type="text">
                <br>
                <label for="doctors Name">DoctorName:</label>
                <input type="text">
                <br>
                <label for="appointment date">AppointmentDate:</label>
                <input type="datetime-local">
28
                <br>
                <button ><b>SUBMIT</b> </button>
            </center>
            </fieldset>
```

</form>

</body>

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