<html>

<head>

<title>Registration Form</title>

<style>

table {

border-collapse:separate;

border:solid DodgerBlue 1px;

border-radius:8px;

-moz-border-radius:8px;

}

</style>

</head>

<body bgcolor="gray">

<form><h2 align="center">Registration</h2>

<table align="center" bgcolor="DodgerBlue">

<tr>

<td>Username:<br></td>

<td><input type="text" name="Username"></td>

</tr>

<tr><td>Password:<br></td>

<td><input type="password" name="password"><br></td>

</tr>

<tr><td> Confirm Password:<br></td>

<td><input type="password" name="password"><br></td>

</tr>

<tr><td>Email Id:<br></td>

<td><input type="email" name="email"><br></td>

<tr>

<td> Mobile Number:<br></td>

<td><input type="tel" name="Number"><br></td>

</tr>

<tr><td>Address:<br></td>

<td><textarea rows="2" cols="15"></textarea><br></td>

</tr>

<tr><td> Gender:<br></td>

<td><input type="radio" name="gender" value="male" checked> Male<br></td>

<td><input type="radio" name="gender" value="female"> Female<br></td>

</tr>

<tr>

<td> Highest Qualification:<br></td>

<td><select>

<option value="High School">High School</option>

<option value="Inter">Inter</option>

<option value="Graduation">Graduation</option>

<option value="Post Graduation">Post Graduation</option>

</select></td>

</tr>

<tr>

<td>Hobbies:</td>

<td><input type="checkbox" name="singing" value="singing"> singing<br>

<input type="checkbox" name="dancing" value="dancing"> dancing<br>

<input type="checkbox" name="rading" value="reading" checked> reading<br>

</td>

</tr>

<tr><td><button type="reset" value="Reset">Reset</button></td><td></td>

<td><button type="submit" value="Submit">Submit</button></td></tr>

</table>

</form>

</body>

</html>