

## Registration Form

Name :	<input type="text" value="Enter your name"/>
Gender :	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Others
E-mail :	<input type="text" value="example@gmail.com"/>
Password :	<input type="password" value="Password"/>
Mobile No :	<input type="text" value="Enter phone number"/>
Address :	<input type="text"/>
DoB :	<input type="text" value="dd - mm - yyyy"/> 
Nationality :	<input type="text" value="Indian"/> 
<b>Languages known</b>	
<input type="checkbox"/> Malayalam	
<input type="checkbox"/> English	
<input type="checkbox"/> Arabic	
<input type="checkbox"/> Hindi	

**Submit** **Cancel**