

Practical No : 10
Name : Gaurav Liladhar Patil
ROLL NO: 49

```
<!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">
<style>
body {
background-color: orange;
}
</style>
<title>p10 Admisssion form </title>
</head>
<body>
<h1>
"College Admission Form."
</h1>
<hr color="black">
<form action="">
<label for="">First Name:</label>
<input type="text" name="First Name"><br><br>
<label for="">Middle Name:</label>
<input type="text" name="Middle Name"><br><br>
<label for="">Last Name:</label>
<input type="text" name="Last Name">
<br>
<br>
<label>
Course :
</label>
<select>
<option value="Course">Course</option>
<option value="BCA">BCA</option>
<option value="BBA">BBA</option>
<option value="B.Tech">B.Tech</option>
<option value="MBA">MBA</option>
<option value="MCA">MCA</option>
<option value="M.Tech">M.Tech</option>
</select>
<br><br>
<label for="">Choose Hobbies <br>
<input type="checkbox" >
<label >Dancing</label><br>
<input type="checkbox" >
<label >Singing</label><br><br>
</label>
<label for="">Address:</label><br>
<textarea name="Address" id="" cols="80" rows="3"></textarea><br><br>
<label for="">Gender:</label><br>
<input type="radio" name="gen">Male <br>
<input type="radio" name="gen">Female <br><br>
```

```
<label>
Phone :
</label>
<input type="text" name="country code" value="+91" size="2"/>
<input type="text" name="phone" size="10"/> <br> <br>
Email:
<input type="email" id="email" name="email"/> <br>
<br>
Password:
<input type="Password" id="pass" name="pass"> <br>
<br>
Re-type password:
<input type="Password" id="repass" name="repass"> <br> <br>
<input type="button" value="Submit"/>
<input type="reset">

</form>
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