```html
<!-- Design a sign-up page to include the specified elements inside a form… -->

<!DOCTYPE html>
<html>
<head>
    <title>WebTech Assignment 02 : Signup Form</title>
</head>
<body style="background-color: #d3ebff" align="center">
    <h1><u>Welcome to KEYS and TONES Music Academy !</u></h1>
    <br><br><br>
    <fieldset style="background-color: #49a4ff;" title="Sign Up form !">
        <br><br><br>
        <label>Name : </label><br>
        <input type="text" id="first-name" name="first-name" placeholder="first name" size="45%" style="height:35px" autofocus required autocomplete="off">
        <input type="text" id="last-name" name="last-name" placeholder="last name" size="44%" style="height:35px" required autocomplete="off">
        <br><br>
        <label>Username/Email : </label><br>
        <input type="email" id="email" name="email" placeholder="enter your email here !" size="95%" style="height:35px" required autofocus autocomplete="off">
        <br><br>
        <label>Password : </label><br>
        <input type="password" id="password" size="95%" style="height:35px" required autocomplete="off">
        <br><br>
        <label for="dob">Date of Birth : </label><br>
        <input type="date" id="dob" name="dob" required>
        <label for="age">Age : </label>
        <input type="number" id="age" min="5" max="40" placeholder="age"><br><br>
        <br>
        <label>Gender : </label>
        <input type="radio" id="male" name="gender" value="Male" checked>Male
        <input type="radio" id="female" name="gender" value="Female">Female
        <input type="radio" id="others" name="gender" value="Others">Others
        <br><br>
        <label for="ph-number">Phone No. : </label><br>
        <input type="phone" id="ph-number" placeholder="9999988888" size="95%" style="height:35px" maxlength="10" required>
        <br><br>
        <label for="address">Address : </label><br>
        <textarea id="address" rows="10" cols="88" placeholder="Your address here !" required autocomplete="off"></textarea>
        <br><br>
        <label>Select your choices : </label>
        <br><input type="checkbox" id="eng" name="eng" value="English" checked>English.....<input type="range" step="3" min="0" max="9">
        <br><input type="checkbox" id="konk" name="konk" value="Konkani">Konkani....<input type="range" step="3" min="0" max="9">
        <br><input type="checkbox" id="hindi" name="hindi" value="Hindi">Hindi........<input type="range" step="3" min="0" max="9">
        <br><input type="checkbox" id="marathi" name="marathi" value="Marathi">Marathi.....<input type="range" step="3" min="0" max="9">
```
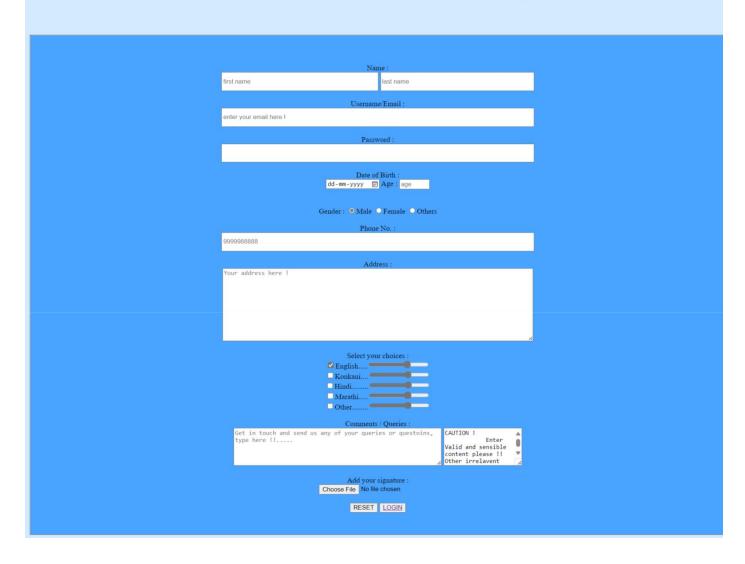
```html
	<br><input type="checkbox" id="other" name="other"
value="Other">Other.........<input type="range" step="3" min="0" max="9">
	<br><br>
	<label>Comments / Queries : </label><br>
	<textarea placeholder="Get in touch and send us any of your queries or
questoins, type here !!....." rows="5" cols="58"></textarea>
	<textarea name="" id="" rows="5" cols="20" readonly>CAUTION !
Enter Valid and sensible content please !! Other irrelavent questions will not be
entertained !! Please note,
THANK YOU
	</textarea>
	<br><br>
	<label>Add your signature : </label><br>
	<input type="file" id="signature" name="signature">
	<br><br>
	<input type="reset" id="reset-button" value="RESET" >
	<button id="login-button"><a href="../Assignment-
01/index.html">LOGIN</a></button>
	<br><br><br>
    </fieldset>
</body>
</html>
```

OUTPUT :

```html
<!— Design a web-page to include the specified elements inside a form(Registration
form)… -->

<!DOCTYPE html>
<html>
<head>
    <title>WebTech Assignment02 : Registration Form</title>
</head>
   <body style="background-color: #d3ebff">
   <h1 align="center"><u>REGISTRATION FORM</u></h1>
   <br><br>
   <p>
Dear Parent / Guardian,<br><br>
Welcome to KEYS and TONES Music Academy Registration center.....<br>
Please use this form to register your child to our program. We need complete and
accurate information about the student, so make sure you fill out all the
fields.<br> Registration forms are processed within 48 hours. You will receive an
email with what to do next once we process your application. We look forward to
working with you and your student !
   </p>
   <form action="/" method="get" align="center" target="_blank">
       <fieldset style="background-color: #49a4ff;">
           <br><br>
           <fieldset style="background-color:lightblue" id="personal-information-
section">
               <label>Name : </label><br>
               <input type="text" id="first-name" name="first-name"
placeholder="first name" size="45%" style="height:35px" autofocus required
autocomplete="off">
               <input type="text" id="last-name" name="last-name"
placeholder="last name" size="44%" style="height:35px" required autocomplete="off">
               <br><br>

               <label for="email">Email : </label><br>
               <input type="email" id="email" name="email"
placeholder="abc@gmail.com" size="95%" style="height:35px" required
autocomplete="off">
               <br><br>

               <label for="dob">Date of Birth : </label><br>
               <input type="date" id="dob" name="dob" required>
               <label for="age">Age : </label>
               <input type="number" id="age" min="5" max="40" placeholder="age"
disabled><br><br>
               <label>Select preferred colors (for giveaways) : </label>
               <input type="color" id="fav-color">
               <br><br>

               <label>Gender : </label>
               <input type="radio" id="male" name="gender" value="Male"
checked>Male
               <input type="radio" id="female" name="gender" value="Female">Female
               <input type="radio" id="others" name="gender" value="Others">Others
```

```html
                <br><br>

                <label for="ph-number">Phone No. : </label><br>
                <input type="phone" id="ph-number" placeholder="9999988888"
size="95%" style="height:35px" maxlength="10" required>
                <br><br>

                <label for="address">Address : </label><br>
                <textarea id="address" rows="10" cols="88" placeholder="Your
address here !" required autocomplete="off"></textarea>
                <br><br>
            </fieldset>
            <br>
            <fieldset style="background-color:lightblue" id="course-information-
section">
                <label>Select your level : </label>
                <select size="1" required>
                    <option selected>Beginner</option>
                    <option>Intermediate</option>
                    <option>Advance/Professional</option>
                </select>
                <label>Drag as per level chosen...</label>
                <input type="range" step="3" min="0" max="9">
                <br><br>

                <label>Select your choices : </label>
                <br><input type="checkbox" id="key" name="keyboard"
value="Keyboard" checked> Keyboard / Piano
                <br><input type="checkbox" id="gui" name="guitar" value="Guitar">
                Guitar
                <br><input type="checkbox" id="vio" name="violin" value="Violin">
                Violin
                <br><input type="checkbox" id="dru" name="drums" value="Drums">
                Drums / Jazz
                <br><input type="checkbox" id="voc" name="vocals" value="Vocals">
                Vocals
                <br><br>
                <label>Choose desired date and time of commence : </label>
                <input type="datetime-local" id="date-time" name="date-time">
                <br><br>
                <label>
If not satisfied with the uploaded time-table, or incase of other problems with
respact to the time table,<br> you may choose your own days of classes....<b><i>(2
days per week...)</i></b><br>
<b>Timing may be confirmed later...</b>
</label><br><br>
                <input type="checkbox" id="mon" name="monday" value="Monday"
checked> Monday
                <input type="checkbox" id="tue" name="tuesday" value="Tuesday"
checked> Tuesday
                <input type="checkbox" id="wed" name="wednesday" value="Wednesday">
                Wednesday
```

```html
				<input type="checkbox" id="thu" name="thursday" value="Thursday">
				Thursday
				<input type="checkbox" id="fri" name="friday" value="Friday">
				 Friday
				<input type="checkbox" id="sat" name="saturday" value="Saturday">
Saturday

				<br><br>
				<label>Comments / Queries : </label><br>
				<textarea placeholder="Get in touch and send us any of your queries
or questoins, type here !!....." rows="5" cols="58"></textarea>
				<textarea name="" id="" rows="5" cols="20" readonly>
CAUTION !
Enter Valid and sensible content please !! Other irrelavent questions will not be
entertained !! Please note,
THANK YOU
				</textarea>
				<br><br>
				<label>Add your signature : </label><br>
				<input type="file" id="signature" name="signature">
			</fieldset>
			<br>
			<input type="reset" value="Reset">
			<input type="submit" value="Submit" onsubmit="alert('Response
Recorded...')">
		</fieldset>
	</form>
</body>
</html>
```

WEB TECHNOLOGY ASSIGNMENT 02
OUTPUT :