**Task-5:**

<!DOCTYPE html>

<html lang="en">

<head>

<meta charset="UTF-8">

<meta name="viewport" content="width=device-width, initial-scale=1.0">

<title>Document</title>

</head>

<body>

<form action="https://www.ethnus.com">

<h1 style="color:blue"><center>Registration form</center></h1>

<center><table border="1" bordercolor="#000000" cellspacing="0" >

<tr>

<td><center><b>First Name</b></center></td>

<td><label for="fn"></label>

<input type="text" name="fn" size="70" required></td>

</tr>

<tr>

<td><center><b>Last Name</b></center></td>

<td><label for="g"></label>

<input type="text" name="g" size="70" required></td>

</tr>

<tr>

<td><center><b>Email</b></center></td>

<td><label for="k"></label>

<input type="text" name="k" size="70" required></td>

</tr>

<tr>

<td><center><b>Password</b></center></td>

<td><label for="l"></label>

<input type="password" name="l" size="70" required></td>

</tr>

<tr>

<td><center><b>Re-enter Password</b></center></td>

<td><label for="m"></label>

<input type="password" name="m" size="70" required></td>

</tr>

<tr>

<td rowspan="2"><center><b>Gender:</b></center></td>

<td><input type="radio" name="gender" /> Male</td>

</tr>

<tr>

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

</tr>

<TR>

<td><b><center>Age:</center></b></td>

<td><label for="o"></label>

<input type="number" name="o" style="width: 496px;" required></td>

</TR>

<TR>

<td><b><center>Phone Number</center></b></td>

<td><label for="p"></label>

<input type="Text" name="p" size="70" required></td>

</TR>

<TR>

<td><b><center>Address</center></b></td>

<td><textarea name="" id="" cols="66" rows="6"></textarea></textarea>

</TR>

<TR>

<td><b><center>State</center></b></td>

<td><label for="r"></label>

<input type="Text" name="r" size="70" required></td>

</TR>

<TR>

<td><b><center>Country</center></b></td>

<td><select>

<option>Choose Your country</option>

<option>India</option>

<option>US</option>

<option>Dubai</option>

<option>Singapore</option>

<option>Russia</option>

</select> </td>

</TR>

<TR>

<td><b><center>Languages known</center></b></td>

<td><input type="checkbox" class="inline" />English

<cite>&nbsp</cite>

<input type="checkbox" class="inline"/>Kannada

<cite>&nbsp</cite>

<input type="checkbox" class="inline"/>Hindi

<cite>&nbsp</cite>

<input type="checkbox" class="inline"/>Telugu

</td>

</TR>

<tr>

<td colspan="2"><input type="checkbox" class="inline" />Hereby I declare all the given details are true</td>

</tr>

<tr>

<td style="text-align:right;" colspan="2">Log in to <a href="http://www.ethnus.com">Ethnus </a>website</td>

</tr>

</center>

</table>

<br />

<center><input type="submit" value="Register"/></center>

</center>

</form>

</body>

</html>