```html
1  <!DOCTYPE html>
2  <html>
3  <head>
4    <title>Training Institute Form</title>
5    <style>
6      body {
7        font-family: Arial, sans-serif;
8        background: #f0f2f5;
9        padding: 20px;
10     }
11
12     .form-container {
13       background: purple;
14       max-width: 600px;
15       margin: auto;
16       padding: 30px;
17       border-radius: 10px;
18       box-shadow: 0 0 15px rgba(0,0,0,0.1);
19     }
20
21     h2 {
22       text-align: center;
23       color: #333;
24     }
25
26     label {
27       display: block;
28       margin-top: 15px;
29       font-weight: bold;
30     }
31
32     input[type="text"],
33     input[type="email"],
34     input[type="tel"],
35     input[type="number"],
36     select {
37       width: 100%;
38       padding: 10px;
39       margin-top: 5px;
40       border-radius: 5px;
41       border: 1px solid #ccc;
42     }
43
```

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```
44      .checkbox {
45        margin-top: 20px;
46      }
47
48      .checkbox label {
49        font-weight: normal;
50      }
51
52      button {
53        margin-top: 20px;
54        width: 100%;
55        padding: 12px;
56        background: #28a745;
57        color: white;
58        border: none;
59        border-radius: 5px;
60        font-size: 16px;
61      }
62
63      button:hover {
64        background: #218838;
65      }
66    </style>
67  </head>
68  <body>
69
70    <div class="form-container">
71      <h2>Training Institute Website Registration
    Form</h2>
72      <form action="#" method="post">
73        <label for="id">ID Number</label>
74        <input type="text" id="id" name="id"
    placeholder="Enter your ID number" required>
75
76        <label for="name">Full Name</label>
77        <input type="text" id="name" name="name"
    placeholder="Enter your name" required>
78
79        <label for="email">Email Address</label>
80        <input type="email" id="email"
    name="email" placeholder="Enter your email"
    required>
81
```

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```
75
76        <label for="name">Full Name</label>
77        <input type="text" id="name" name="name"
      placeholder="Enter your name" required>
78
79        <label for="email">Email Address</label>
80        <input type="email" id="email"
      name="email" placeholder="Enter your email"
      required>
81
82        <label for="phone">Phone Number</label>
83        <input type="tel" id="phone" name="phone"
      placeholder="Enter your phone number" required>
84
85        <label for="course">Course Name</label>
86        <input type="text" id="course"
      name="course" placeholder="Enter course name"
      required>
87
88        <label for="duration">Duration (in
      months)</label>
89        <input type="number" id="duration"
      name="duration" placeholder="e.g., 6" required>
90
91        <label for="fees">Course Fees (INR)</
      label>
92        <input type="number" id="fees" name="fees"
      placeholder="Enter fees amount" required>
93
94        <div class="checkbox">
95          <label>
96            <input type="checkbox"
      name="newsletter" value="yes"> Subscribe to our
      newsletter
97          </label>
98        </div>
99
100       <button type="submit">Submit</button>
101     </form>
102   </div>
103
104 </body>
105 </html>
```

Training Institute Website Registration Form

ID Number

Enter your ID number

Full Name

Enter your name

Email Address

Enter your email

Phone Number

Enter your phone number

Course Name

Enter course name

Duration (in months)

e.g., 6

Course Fees (INR)

Enter fees amount

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