

REGISTRATION FORM

CODE:

```
<Html>
  <head>
    <title>
      Registration Page
    </title>
    <style>
      div{
        border: 5px solid black;
        height: 650px;
        width: 700px;
        border-radius: 10px 50px;
        align-content: center;
        margin-left: 300px;
      }
      label{
        margin-left: 10px;
      }
      input{
        margin-left: 10px;
      }
    </style>
  </head>
  <body bgcolor="Lightskyblue">
    <br>
    <br>
    <div>
      <form>

        <label> Firstname </label>
        <input type="text" name="firstname" size="15"/> <br> <br>
        <label> Middlename: </label>
        <input type="text" name="middlename" size="15"/> <br> <br>
        <label> Lastname: </label>
        <input type="text" name="lastname" size="15"/> <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>
        </select>
      </div>
    </body>
  </html>
```

```
<option value="MCA">MCA</option>
<option value="M.Tech">M.Tech</option>
</select>

<br>
<br>
<label>
Gender :
</label><br>
<input type="radio" name="male"/> Male <br>
<input type="radio" name="female"/> Female <br>
<input type="radio" name="other"/> Other
<br>
<br>

<label>
Phone :
</label>
<input type="text" name="country code" value="+91" size="2"/>
<input type="text" name="phone" size="10"/> <br> <br>
<label for="">Address </label>
<br>
<br>
<textarea cols="80" rows="5" value="address">
</textarea>
<br> <br>
<label for="">Email:</label>
<input type="email" id="email" name="email"/> <br>
<br> <br>
<label for="">Password: </label>
<input type="Password" id="pass" name="pass"> <br>
<br> <br>
<label for="">Re-type password: </label>
<input type="Password" id="repass" name="repass"> <br> <br>
<input type="button" value="Submit"/>
</form>
</div>
</body>
</html>
```

OUTPUT:

Firstname

Middlename:

Lastname:

Course :

Gender :

☐ Male

☐ Female

☐ Other

Phone :

Address

Email:

Password:

Re-type password: