

# ASSIGNMENT-1

ROLLNO-191001099

```
<html>
```

```
<head>
```

```
<title>REGISTRATION FORM</title>
```

```
</head>
```

```
<h2 ALIGN="CENTER">USER REGISTRATION FORM</h2>
```

```
<form action="Welcome.html" method="post">
```

```
<table border="0" align="center">
```

```
<tbody>
```

```
<tr>
```

```
<td><label for="name">NAME: </label></td>
```

```
<td><input id="name" maxlength="50" name="name" type="text" /></td>
```

```
</tr>
```

```
<tr>
```

```
<td><label for="email">EMAIL: </label></td>
```

```
<td><input id="email" maxlength="50" name="email" type="text" /></td>
```

```
</tr>
```

```
<tr>
```

```
<td><label for="mobile">MOBILE: </label></td>
```

```
<td><input id="mobile" maxlength="50" name="mobile" type="text" /></td>
```

```
</tr>
```

```
<tr>

<td><label for="city">CITY:</label></td>

<td><input id="city" maxlength="50" name="city" type="text" /></td>

</tr>
```

```
<tr>

<td><label for="state">STATE:</label></td>

<td><input id="state" maxlength="50" name="state" type="text" /></td>

</tr>
```

```
<tr>

    <td><label for="country">COUNTRY:</label></td>

    <td><input id="country" maxlength="50" name="country" type="text" /></td><br><br>

</tr>
```

```
<tr>

<td><input type="submit" value="Submit" maxlength="50" name="state" type="text" /></td>

</tr>
```

```
</tbody>

</table>

</form>

</html>
```