## **ASSIGNMENT-1**

## ROLLNO-191001087

```
<htmlm>
<head>
<title>REGISTRATION FORM</title>
</head>
 <h2 ALIGN="CENTER">USER REGISTRATION FORM</h2>
 <form action="Welcome.html" method="post">
 <label for="name">NAME: </label>
   <input id="name" maxlength="50" name="name" type="text" />
   <label for="email">EMAIL:</label>
   <input id="email" maxlength="50" name="email" type="text" />
   <label for="mobile">MOBILE:</label>
   <input id="mobile" maxlength="50" name="mobile" type="text" />
```

```
<label for="city">CITY:</label>
   <input id="city" maxlength="50" name="city" type="text" />
   <label for="state">STATE:</label>
   <input id="state" maxlength="50" name="state" type="text" />
   <label for="country">COUNTRY:</label>
    cinput id="country" maxlength="50" name="country" type="text" />
   <input type="submit" value="Submit" maxlength="50" name="state" type="text" />
   </form>
</html>
```