

ASSIGNMENT-1

ROLLNO-191001057

```
<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>
```

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</tr>
```

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

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

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

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

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</tr>
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```
<tr>
```

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

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

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</tr>
```

```
<tr>
```

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

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

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</tr>
```

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

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</tr>
```

```
</tbody>
```

```
</table>
```

```
</form>
```

```
</html>
```