ASSIGNMENT-1

ROLLNO-191001087

```html
<htmlm>
<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>
```

```html
<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>
```