

```
<html>
<head>
  <title>Registration form</title>
</head>
<body>
  <form>
    <table>
      <tr>
        <td>
          Name:
        </td>
        <td>
          <input type="text" placeholder="Name" name="">
        </td>
      </tr>
      <tr>
        <td>
          Gender:
        </td>
        <td>
          <input type="radio" name="Gender">Male
          <input type="radio" name="Gender">Female
        </td>
      </tr>
      <tr>
        <td>
          Email:
        </td>
        <td>
          <input type="mail" placeholder="Email" name="">
        </td>
      </tr>
      <tr>
        <td>
          Phone Number:
        </td>
        <td>
          <input type="Phone" placeholder="3486357695" name="">
        </td>
      </tr>
      <tr>
        <td>
          City:
        </td>
        <td>
          <select>
            <option> </option>
            <option>Sivakasi</option>
            <option>Sankarankovil</option>
            <option>Madurai</option>
          </select>
        </td>
      </tr>
    </table>
  </form>
</body>
</html>
```

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</select>
</td>
</tr>
<tr>
<td>
State:
</td>
<td>
<select>
<option> </option>
<option>Tamilnadu</option>
<option>Karnadaga</option>
<option>Andraprathesh</option>
</select>
</td>

</tr>
<tr>
<td>
Country:
</td>
<td>
<select>
<option> </option>
<option>India</option>
<option>Pakisthan</option>
<option>Dubai</option>
</select>
</td>

</tr>
</table>
</form>
</body>
</html>

```

Registration form

Name: P.Jayashree

Gender: ☐ Male ☒ Female

Email: jayamahan26@gmail.com

Phone Number: 8778672203

City: Sivakasi

State: Tamilnadu

Country: India