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| --- |
| <!DOCTYPE <html> |
|  |  |
|  | <head> |
|  | <Title>Registration form</Title> |
|  | <body style="background-color:lightgrey;margin-left:100px;margin-top:250px;"> |
|  |  |
|  | <center> |
|  | <p>Please enter the details:</p> |
|  |  |
|  |  |
|  | <form> |
|  | <label for="name">Enter your name:</label> |
|  | <input type="text" name="uname" id="name"><br><br> |
|  |  |
|  |  |
|  | <label for="e mail">Enter your e mail:</label> |
|  | <input type=" email" name="" id="name"><br><br> |
|  |  |
|  |  |
|  | <label for="mobile number">Enter your mobile number</label> |
|  | <input type="text" name="mobile no" id="number"><br><br> |
|  |  |
|  |  |
|  |  |
|  | <label for="City">Enter your City:</label> |
|  | <input type="text" name="City" id="name"><br><br> |
|  |  |
|  |  |
|  | <label for="State">Enter your State:</label> |
|  | <input type="text" name="uname" id="name"><br><br> |
|  |  |
|  | <label for="Country">Enter your Country:</label> |
|  | <input type="text" name="uname" id="name"><br><br> |
|  |  |
|  | <button>submit</button> |
|  | </center> |
|  | </form> |
|  | </body> |
|  |  |
|  | </html> |