**Assignment-05-09-22**

1. **<input type=”button”>**

**<input type=”checkbox”>**

**<input type=”text”>**

**<input type=”submit”>**

**<input type=”password”>**

**<input type=”email”>**

**Find out all other input types.**

*Answer:*

* <input type="color">
* <input type="date">
* <input type="datetime-local">
* <input type="file">
* <input type="hidden">
* <input type="image">
* <input type="month">
* <input type="number">
* <input type="radio">
* <input type="range">
* <input type="reset">
* <input type="search">
* <input type="tel">
* <input type="time">
* <input type="url">
* <input type="week">

1. **Create a user registration page form with following fields**

**Name:**

**Email:**

**Mobile:**

**City:**

**State:**

**Country:**

*Answer:*

<!DOCTYPE html>

<html>

<head>

<title>Registration form</title>

</head>

<body>

<form name="registration\_form">

<label for="name">Name:</label>

<input type="text" id="name" placeholder="Enter your name" />

<br /><br />

<label for="email">Email:</label>

<input type="email" id="email" placeholder="Enter your Email-ID" />

<br /><br />

<label for="number">Mobile number:</label>

<input type="tel” id="number"placeholder="Enter your mobile number"

pattern="[0-9]{10}"/>

<br /><br />

<label for="city">City:</label>

<input type="text" id="city" placeholder="Enter your city" />

<br /><br />

<label for="state">State:</label>

<input type="text" id="state" placeholder="Enter your state" />

<br /><br />

<label for="country">Country:</label>

<input type="text" id="country" placeholder="Enter your country" />

<br /><br />

<input type="submit" value="Submit" />

</form>

</body>

</html>

**OUTPUT:**

