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

```
<option>Sankarankovil</option>
<option>Madurai
</select>
 State:
<select>
 <option> </option>
 <option>Tamilnadu</option>
<option>Karnadaga</option>
<option>Andraprathesh</option>
</select>
 Country:
<select>
 <option> </option>
 <option>India</option>
<option>Pakisthan</option>
<option>Dubai</option>
</select>
 </body>
</html>
```



