ASSIGNMENT - 01

Registration Form

Date	17 October 2022
Student Name	P.Sanjai
Student Roll No	810719104019
Maximum Marks	2 Marks

Source code:

```
<!DOCTYPE html>
<html>
<head>
  <meta charset="utf-8">
  <style type="text/css">
    .center {
      position: absolute;
      left: 0;
      right: 0;
      margin: auto;
    }
  </style>
  <link rel="stylesheet"</pre>
href="https://cdn.jsdelivr.net/npm/bootstrap@4.0.0/dist/css/bootstrap.min.css"crossorigin
="anonymous">
  <body background="https://images.pexels.com/photos/2559941/pexels-
photo2559941.jpeg?cs=srgb&dl=pexels-roberto-nickson-2559941.jpg&fm=jpg">
    <meta name="viewport" content="width=device-width, initial-scale=1">
    <title>Register page</title>
</head><body>
```

```
<center>
    <h1 class="btn-primary">Registration Page</h1>
    <br>
    <form class="center">
      <div class="form-group">
        <label for="name">Name:</label>
        <input type="text" id="name" placeholder="Enter your name"><br>
      </div>
      <div class="form-group">
        <label for="email">E-Mail:</label>
        <input type="email" id="email" placeholder="example@email.com"><br>
      </div>
      <div class="form-group">
        <label for="mobile">Mobile:</label>
        <input type="number" id="mobile" placeholder="9876543210"><br>
      </div><div class="form-group">
        <label for="city">City:</label>
        <input type="text" id="city" placeholder="city name"><br>
      </div>
      <div class="form-group">
        <label for="state">State:</label>
        <input type="text" id="state" placeholder="state name"><br>
      </div> <div class="form-group">
        <label for="country">Country:</label>
        <input type="text" id="country" placeholder="country name"><br></div>
      <button class="d-flex justify-content-center btn btn-primary" type="submit">Register</button>
    </form></center></body>
</html>
```

OUTPUT:

