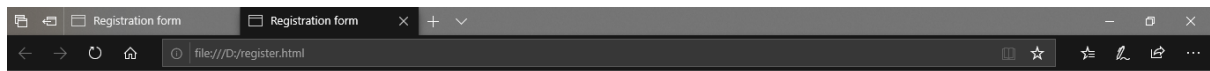


```
<html>
<head>
  <title>Registration form</title>
</head>
<body>
<form>
  <table>
<tr>
  <td>
    Name:
  </td>
  <td>
    <input type="text" placeholder="Name" name="">
  </td>
</tr>
<tr>
  <td>
    Gender:
  </td>
  <td>
    <input type="radio" name="Gender">Male
    <input type="radio" name="Gender">Female
  </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>
    </select>
  </td>
</tr>
</table>
</form>
</body>
</html>
```

```
<option>Sankarankovil</option>
<option>Madurai</option>
</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>
```



Name:

Gender: ☐ Male ☒ Female

Email:

Phone Number:

City:

State:

Country:

