```
Registration Page
name
{label> Firstname </label> dbr>
dinput type="text" name="firstname" size="15"/> dbr> dbr>
diabel> Middlename: </label> dbr>
dinput type="text" name="middlename" size="15"/> dbr> dbr>
diabel> lastname: </label> dbr>
diabel> lastname: </label> dbr>
diabel> dbr>
diput type="text" name="lastname" size="15"/> dbr> dbr>
diput type="text" name="lastname" size="15"/> dbr> dbr>

1.clabel> cloud computing 
1.clabel> cloud computing 
2.clabel> internet of things 
3.clabel> machine learning 
4.clabel> data science 
5.clabel> artificial intelligence 

// label> close

corp

clabel>
Gender: dbr>
</label>cbr>
</label>cbr>
<input type="radio" name="male"/> Male dbr>
<input type="radio" name="female"/> Female dbr>
<input type="radio" name="female"/> Female dbr>
<input type="radio" name="female"/> Other
        Phone : <br>
         <input type="text" name="country code" value="+91" size="2"/>
<input type="text" name="phone" size="10"/> <br>
         <textarea cols="80" rows="5" value="address">
         Email:<br>
          <input type="email" id="email" name="email"/> <br>
         Password:
         <input type="Password" id="pass" name="pass"> <br>
          Re-type password:
          <input type="button" value="Submit"/>
          alternte phone number
         <input type="text" name="country code" value="+91" size="2"/>
<input type="text" name="phone" size="10"/> <br>
          alternate email id
          <input type="altrernate email id" name="alternate email"/> <br>
```