<!DOCTYPE html>

<html lang="en" >

<head>

<meta charset="UTF-8">

<title>Donar sign-up</title>

<link rel="stylesheet" type="text/css" href="../static/reciptreg.css">

</head>

<body>

<!-- partial:index.partial.html -->

<html>

<head>

</head>

<body>

<center>

<h3>DONAR SIGN-UP</h3>

<form>

<table align="center" cellpadding = "10">

<!----- First Name ---------------------------------------------------------->

<tr>

<td>FIRST NAME</td>

<td><input type="text" name="First\_Name" maxlength="30"/>

(max 30 characters a-z and A-Z)

</td>

</tr>

<!----- Last Name ---------------------------------------------------------->

<tr>

<td>LAST NAME</td>

<td><input type="text" name="Last\_Name" maxlength="30"/>

(max 30 characters a-z and A-Z)

</td>

</tr>

<!----- Date Of Birth -------------------------------------------------------->

<tr>

<td>DATE OF BIRTH</td>

<td>

<input type="date" name="Birthday\_day" id="Birthday\_Day">

</select>

</td>

</tr>

<!----- Email Id ---------------------------------------------------------->

<tr>

<td>EMAIL ID</td>

<td><input type="text" name="Email\_Id" maxlength="100" /></td>

</tr>

<!----- Mobile Number ---------------------------------------------------------->

<tr>

<td>MOBILE NUMBER</td>

<td>

<input type="text" name="Mobile\_Number" maxlength="10" />

(10 digit number)

</td>

</tr>

<!----- Gender ----------------------------------------------------------->

<tr>

<td>GENDER</td>

<td>

<input type="radio" name="Gender" value="Male" />Male

<input type="radio" name="Gender" value="Female" />Female

</td>

</tr>

<!----- Address ---------------------------------------------------------->

<tr>

<td>ADDRESS <br /><br /><br /></td>

<td><textarea name="Address" rows="4" cols="30"></textarea></td>

</tr>

<!----- City ---------------------------------------------------------->

<!-- <tr>

<td>CITY</td>

<td><input type="text" name="City" maxlength="30" />

(max 30 characters a-z and A-Z)

</td>

</tr> -->

<!----- Pin Code ---------------------------------------------------------->

<tr>

<td>PIN CODE</td>

<td><input type="text" name="Pin\_Code" maxlength="6" />

(6 digit number)

</td>

</tr>

<!----- State ---------------------------------------------------------->

<tr>

<td>PASSWORD</td>

<td><input type="password" name="password" maxlength="20" />

<!-- (max 30 characters a-z and A-Z) -->

</td>

</tr>

<!----- Country ---------------------------------------------------------->

<tr>

<td>CONFIRM PASSWORD</td>

<td><input type="password" name="password"></td>

</tr>

<!----- Submit and Reset ------------------------------------------------->

<tr>

<td colspan="2" align="center">

<!-- <button type="button -->

<button type="button" class="w3-button w3-green" value="Submit"><a href="donlogin.html">Submit</a></button>

</td>

</tr>

</table>

<!-- <button type="button" class="w3-button w3-green" value="Submit">Submit</button>

<button type="button" class="w3-button w3-light-green" value="Reset">Reset</button> -->

</form>

</center>

</body>

</html>

<!-- partial -->

</body>

</html>