```
1
 2
  <!html>
 3
      <center>
4
      <form>
5
      <h1> PLACEMENT REGISTRATION </h1>
6
 7
      <body>
8
      9
      10
      <label>MR</label>
      <input type="radio" name="checkbox">
11
12
      <label>MRS</label>
      <input type="radio" name="check box">
13
14
      <label>MS</label>
15
      <input type="radio" name="check box">
16

      <label>STUDENT ID</label>
17
18
      <input type ="text" name="id">
19

20
      <label>FIRST NAME</label>
21
      <input type ="text" name="first name">
22

23
      <label>LAST NAME</label>
      <input type ="text" name="last name">
24
25

26
      <label>PASSWORD</label>
27
      <input type ="password" name="password">
28

29
      <label>ADDRESS</label>
30
      <textarea> </textarea>
31
32

33
      <label>STATE</label>
34
      <select>
35
      <option>telangana</option>
36
      <option>indore</option>
37
      <option>a.p</option>
      <option>gujarat</option>
38
39
      </select>
40

41
      <label>UPLOAD PHOTO</label>
      <input type="file" name="files" >
42
43

44
45
      <label>MOBILE</label>
46
      <input type="tel" name="mobile" placeholder="+91">
47

48
49
      <labe> LANGUAGES KNOWN :</label>
50

51
      <label>telugu</label>
      <input type="checkbox" name="language"</>>
52
53
      <label>english</label>
54
      <input type="checkbox" name="language"</>>
55
      <label>hindi</label>
      <input type="checkbox" name="language"</>>
56
57

      <label> ADDITIONAL INFO</label>
58
59
      <textarea> </textarea>
```

10/4/22, 11:30 PM place1.html 60 61 <input type="checkbox" > 62 <label> ACCEPT</label> 63 64 <input type="submit" name="submit" value="submit" >
<input type="reset" name="submit" value="reset"> 65 66 67 68 69 70 71 72 </body> 73 </form> 74 </center> 75 </html>