

Kamakshi
4MW23CS052

Registration Form

Personal Information

First Name:	<input type="text" value="Enter your first name"/>
Last Name:	<input type="text" value="enter your Last name"/>
Email:	<input type="text" value="Enter your email"/>
Password:	<input type="password" value="Enter your password"/>
Gender:	<input type="radio"/> Male <input type="radio"/> Female
Country:	<input type="text" value="India"/>
Hobbies:	<input type="checkbox"/> Reading <input type="checkbox"/> Travelling <input type="checkbox"/> Sports
Address	<div><input type="text" value="Enter your address"/></div>
<div><input type="button" value="Register"/> <input type="button" value="Reset"/></div>	