

```
<html>
<body>
<form method="post" action="pgm2.html">
<table align="center" border="1" bgcolor="#00d926">
<tr align="left">
<th><b>Enter your username: </b></th>
<th><input type="text" id="uname"></th>
</tr><br>
<tr align="left">
<th><b>Enter your password: </b></th>
<th><input type="password" id="pass"></th>
</tr><br>
<tr align="center">
<th colspan="2"><input type="submit" value="SignIn"></th>
</tr>
</table>
</form>
</body></html>
```

Enter your username:	<input type="text"/>
Enter your password:	<input type="password"/>
<input type="button" value="SignIn"/>	

```
<html>
<body bgcolor="#1aff66">
<form method="post" action="pgm3new.html">
<br><br>
<fieldset>
<legend><font face="Times New Roman" size="1.5">ENTER THE COUNTRY HERE</font></legend>
<b><center><font face="Times New Roman" size="6">Which country you belong to?</font></b>
<select id="CODE" name="CODE">
<option value="India">India</option>
<option value="Afganisthan">Afganisthan</option>
<option value="Sri Lanka">Sri Lanka</option>
<option value="Russia">Russia</option>
<option value="USA">USA</option>

<input type="submit" value="Submit">
</select></center>
</fieldset>
</form>
</body>
</html>
```

ENTER THE COUNTRY HERE

Which country you belong to?

India



Submit

```
<html>
<body bgcolor="#00b300">
<form><br><br>
<table align="center">
<tr align="left">
<th><b>Name: </b></th>
<th><input type="text" id="nam"></th>
</tr><br>
<tr align="left">
<th><b>Password: </b></th>
<th><input type="password" id="pass"></th>
</tr>
<tr align="left">
<th><b>Gender: </b></th>
<th><input type="radio" id="gender" name="gender" value="m">Male
<input type="radio" id="gender" name="gender" value="f">Female<br></th>
</tr>
<tr align="left">
<th><b>Email: </b></th>
<th><input type="email" id="em"></th>
</tr>
<tr align="left">
<th><b>Phone no: </b></th>
<th><select id="CODE" name="CODE">
<option value="977">977</option>
<option value="988">988</option>
<input type="tel" id="tele" name="tele"></th><br>
</th>
</tr>
<tr align="center">
<th><input type="submit" value="Submit"></th></tr>
</table>
</form>
</body>
</html>
```

**Name:**

**Password:**

**Gender:** ☒ Male ☐ Female

**Email:**

**Phone no:**