<html>

<head>

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<body>

<form>

<h1>Student Registration Form </h1>

<lable for ="frname">First Name:

</lable> <br>

<input type="text" id="frname" name="frname"><br>

<lable for ="lname">Last Name:

</lable> <br>

<input type="text" id="lname" name="lame"> <br>

<lable for ="fname">Father's Name:

</lable><br>

<input type="text" id="fname" name="fname"><br>

<lable for ="mname">Mother Name:

</lable><br>

<input type="text" id="mname" name="mname"><br>

<labe for ="date ofbirth">Date of birth:

</lable><br>

<input type="date" id="date" name="date"><br>

<lable for="gender">Gender:

</lable><br>

<lable for="male"> Male</lable><br>

<input type="radio" id="male" name="gender" value="male"><br>

<lable for="female"> Female</lable><br>

<input type="radio" id="female" name="gender" value="female"><br>

<lable for="others"> Others</lable><br>

<input type="radio" id="others" name="gender" value="others"><br>

<form>

<lable for="marital status">Marriage status:

</lable><br>

<lable for="Married"> Married </lable><br>

<input type="radio" name="status" value="Married"><br>

<lable for="Single">Single</lable><br>

<input type="radio" name="status" value="Single"><br>

<lable for="Widow">Widow</lable><br>

<input type="radio" name="status" value="Widow"><br>

</form>

<lable for="nationality"> Nationality:

</lable><br>

<input type="text" name="INDIAN"><br>

<lable for="national id">National\_id:

</lable><br>

<input type="number" name="National id"> <br>

<lable for ="educational status">Education:

</lable><br>

<input type="search" name="Educational status"><br>

<lable for ="permanent address">Premanent address:

</labl><br>

<input type="text" name="permanent address"> <br>

</form>

</body>

</html>