**Registration\_Page**

**-day\_1**

<!DOCTYPE html>

<html>

<head>

<title>Registration\_Page</title>

<style type="text/css">

body

{

background-color: #FFFF33;

}

form

{

margin: 6px auto;

width: :45%;

background-color: #FF9999;

height: 600px;

border-radius: 10px;

box-shadow: 2px 2px 7px 0px blue;

}

form label,input

{

display: block;

text-transform: capitalize;

}

form label,input

{

padding: 10px;

width: 250px;

margin-bottom: 12px;

position: relative;

left: 500px;

}

form input

{

border: none;

border-radius: 12px;

box-shadow: 0px 1px 1px 0px blue;

padding: 15px;

}

form input:nth-of-type(5)

{

background-color: #FFFF33;

width: 285px;

margin: 26px 0px 12px 0px;

font-size: 20px;

color: #000099;

font-family: sans-serif;

}

form label

{

margin-bottom: -3px;

margin-left: -6px;

font-size: 20px;

font-family: sans-serif;

color: blue;

}

form label span

{

color: red;

}

</style>

</head>

<body>

<form method="GET">

<label for="username">Username<span>\*</span></label>

<input type="text" name="username" id="uname" placeholder="Type Your name...!">

<label for="pwd">Password<span>\*</span></label>

<input type="Password" name="pwd" id="pwd" placeholder="Type Your Password...!">

<label for="email">Email\_Id<span>\*</span></label>

<input type="email" name="email" id="email" placeholder="Type Your Email\_Id...!">

<label for="phone\_no">Phone\_Number<span>\*</span></label>

<input type="text" name="phone\_no" id="phone\_no" placeholder="Type Your Phone\_no...!">

<input type="submit" value="Registration">

</form>

</body>

</html>

