```html
<!DOCTYPE html>
<html>
<head><title>JOB REGISTRATION FORM</title></head>
<h1><b><em>JOB APPLICATION FORM</em></b></h1>
<h2>JOB DETAILS</h2>
<body>
<label for>job title</label for>
<input type="text" name="job title"minlength="8">
<br>

<br>
<h2>PERSONAL DETAILS</h2>
<lable for>First name</lable for><input gype="text"name="First name"><br><br>

<lable for >Last name</lable for><input type="text"name="last name"><br>
<br><lable for>Date of birth</lable for>
<input type="number"name="dob number" maxlength="12">
<br><br>
<br><lable for>Address</lable for>
<input type="text"name="Address" minlength="8"><br><br>
<br>
<lable for>City</lable for>
<input type="text"name="City "maxlength="12">
<br><br><br>
<select><option selected disabed>Religion<option>Hindu</option><option>Muslim</option><option>Others</option></select>
<br><br><br>

<lable for>Postal code</lable for>
   <input type="text"name="Postal code"><br><br>
```

```html
<br><lable for>Current annual salary or full time equivalent</lable for>
<input type="text"name="Current annual salary or full time equivalent" minlength="8"><br><br>


<lable>Mobile number</lable>
<input type="number" name="phone number">
<br><br>


<br><lable for>Whatsapp number</lable>
<input type="number"name=" mobile number"><br><br>


<br><br>
<lable for>Do tou have a disability</lable for><br><br>
<input type="radio"id="Yes"name="Yes">
<lable for="Yes">Yes</lable for><br>
<input type="radio"id="No"name="No">
<lable for="No">No</lable for><br>
<br>
<br><lable for>Email address</lable for>
<input type="text"name="Email address">
<br><br>


<lable for="pics">Profile photo</lable>
<input type="file"id="Profile photo"><br><br>


<lable for="pics">10 th mark sheett</lable>
<input type="file"id="10 th mark sheet"><br><br>


<lable for="pics">12 th mark sheet</lable>
<input type="file"id="12 th mark sheet"><br><br>
<button type="submit">SUBMIT</button>
```

</form>

<body>

<html>