

```
<!DOCTYPE html>
<html lang="en">
<head>
    <meta charset="UTF-8">
    <meta name="viewport" content="width=device-width, initial-scale=1.0">
    <title>Document</title>
</head>
<body style="background-color: hwb(34 53% 13%);">
<form action="exterbal.css" method="get">
<fieldset>
    <legend>
        Personal information
    </legend>
    <label for="Name" ><i>name</i></label>
    <input type="text" placeholder="enter name"><br><br>
    <label for="Age"><b>Age</b></label>
    <input type="number" min="1" max="100"><br><br>
    <label for="Password">Password</label>
    <input type="password" maxlength="5"><br><br>
    <label for="Email">Email</label>
    <input type="email"><br>
    <label for="Gender">Gender</label>
    <input type="radio" name="Gender">Male
    <input type="radio" name="Gender">Female<br><br>
    <label for="Hobbies">Hobbies</label>
    <input type="checkbox">reading
    <input type="checkbox">jumping
    <input type="checkbox">sleeping
    <input type="checkbox">do nothing
</fieldset>
<fieldset>
```

```
<legend>CV Remarks</legend>
<label for="CV">CV</label>
<input type="file"><br><br>
<textarea rows="5" cols="50" >write your comments here</textarea>
</fieldset>
<button type="submit">register</button>
<input type="submit" value="register">
<button type="Clearform">Clear form</button>
<input type="Clear form" value="Clearform">
</form>

</body>
</html>
```

Document

127.0.0.1:5500/form.html

Personal information

name enter name

Age

Password

Email: lokeswarareddyreddy9@gmail.com

Gender: Male Female

Hobbies: reading jumping sleeping do nothing

CV Remarks

CV: Choose File No file chosen

write your comments here

register register Clear form Clearform

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