<!DOCTYPE html>

<html>

<head>

    <title>COLLEGE </title>

</head>

<style>

    body{

      background-image:url(li.jpg);

      background-size: cover;

      background-repeat: no-repeat;

      padding: 15px;

     background-color: rgb(211, 148, 240);

     color :black;

    }

  </style>

    <DIV >

        <center style ="font-size:60px;font-weight: bold;color: rgb(134, 55, 55);"> &emsp;&emsp;&emsp;&emsp;&emsp;&emsp;EMPLOYEE DETAILS </center>

</DIV>

<label for="firstname">FULL NAME:</label>

    <input type = "text"[size=5][name = "n"][value="name"] placeholder="name"></input>

    <br><br>

    <label for="pics">UPLOAD PICTURE</label>

    <input TYPE="file"id="pics"><br><br>

    <label for="DOB">DATE OF BIRTH:</label>

    <input type = "DATE" ID="DOB" [size=5][name = "DOB"][value="DOB" required] placeholder="DATE OF BIRTH"></input>

    <br><br>

    <label for="ADRESS">ADDRESS:</label>

    <input type = "text"[size="200"][name = "add"][value="address"] placeholder="address"></input>

    <br><br>

    <label for="gender">GENDER:</label>

    <select name="Gender">

        <option value="Male">Male</option>

        <option value="Female">Female</option>

    </select>

    <br><br>

    <label for="contact">CONTACT DETAILS:</label>

    <input type = "contact number"[size="200"][name = "NO"][value="NUMBER"] placeholder="contact number"></input>

    <br><br>

    <label for="marital">CIVIL STATUS:</label>

    <input type = "text"[size="200"][name = "NO"][value="marital"] placeholder="marital"></input>

    <br><br>

    <label for="spouse details">SPOUSE:</label>

    <input type = "text"[size="200"][name = "spouse"][value="spouse"] placeholder="spouse"></input>

    <br><br>

    <h1>JOB INFORMATION :</h1>

    <HR><br>

        <label for="work locatipon">LOCATION:</label>

        <input type = "text"[size="200"][name = "LOCATION"][value="LOCATION"] placeholder="location"></input>

        <br><br>

        <label for="date of joining">DATE OF JOINING:</label>

        <input type = "DATE" ID="DATE OF JOINING" [size=5][name = "DOB"][value="JOINING DATE" required] placeholder="joining date"></input>

        <br><br>

        <label for="SALARY">SALARY:</label>

        <input type = "text" [size=5][name = "salary"][value=" salary" required] placeholder="salary"></input>

        <br><br>

        <H1>CERTIFICATES:</H1>

        <HR>

        <label for="pics">10TH CERTIFICATE:</label>

    <INPUT TYPE="file"id="10TH CERTIFICATE"><BR><BR>

        <label for="pics">12TH CERTIFICATE:</label>

    <INPUT TYPE="file"id="12TH CERTIFICATE"><BR><BR>

        <label for="pics">UG DEGREE CERTIFICATE:</label>

    <INPUT TYPE="file"id="UG TH CERTIFICATE"><BR><BR>

        <label for="pics">PG DEGREE CERTIFICATE:</label>

    <INPUT TYPE="file"id="PG CERTIFICATE"><BR><BR>

        <H1>Preferred way to Contact</H1>

        <hr>

        <select><option><--Contact--></option>

        <option>Phone</option><option>Email</option><option>Others</option></select><br><br>

         <H1>ADDITIONAL QUALITIES</H1>

         <hr>

            <input type="checkbox" id="skills" name="skills">

            <label for="Typwriting">Typwriting</label><br>

            <input type="checkbox" id="member" name="member">

            <label for="Computer skills">Computer skills</label><br>

            <input type="checkbox" id="member" name="member">

            <label for="Sports">Sports</label><br><br>

            </body>

    </html>