

Practical 5

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Code:

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<!DOCTYPE html>
<html lang="en">
<head>
  <title>Complex form</title>
</head>
<body>
  <form >
    <h2 align="center" >Registration</h2>
    <fieldset>
      <legend>Personal Information</legend>
      <label for="name">Name: </label>
      <input type="text" id="name"><br><br>
      <label for="mail">Email: </label>
      <input type="email" id="mail"><br><br>
      <label for="pass">Password: </label>
      <input type="password" id="pass"><br><br>
      <label for="phone">Phone: </label>
      <input type="tel" id="phone"><br><br>
      <label for="dob">Date of Birth: </label>
      <input type="date" id="dob"><br>
      <p>Gender:
      <input type="radio" name="gender" id="male">
      <label for="male">Male </label>
      <input type="radio" name="gender" id="female">
      <label for="female">Female </label>
      </p>
    </fieldset>

    <fieldset>
      <legend>Address</legend>
      <label for="street">Street: </label>
      <input type="text" id="street"><br><br>
      <label for="city">City: </label>
      <input type="text" id="city"><br><br>
      <label for="state">State: </label>
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        <input type="text" id="state"><br><br>
        <label for="code">Zip Code: </label>
        <input type="text" id="code"><br><br>
    </fieldset>

    <fieldset>
        <legend>Other Information</legend>
        <label for="comment">Comment: </label><br>
        <textarea name="comment" id="comment" cols="30" rows="10"
placeholder="write comment here..."></textarea>
        <label for="terms">I agree to the terms of service </label>
        <input type="checkbox" name="terms" id="terms">
    </fieldset><br>
    <input type="submit" value="Submit">

</form>
</body>
</html>

```

Output:

Registration

Personal Information

Name:
Email:
Password:
Phone:
Date of Birth:
Gender: ☐ Male ☐ Female

Address

Street:
City:
State:
Zip Code:

Other Information

Comment:

write comment here...

☒ I agree to the terms of service ☐