Registration form

```
<html>
<head>
      <title>Passport Registration</title>
      <style type="text/css">
   .Heading1
   {
      background: linen;
      color: red;
   }
  #font1
      color: violet;
  #font2
   {
      color: red;
   }
   .column {
 float: left;
 width: 48%;
 padding: 10px;
 height: 180px;
```

```
}
#row:after {
 content: "";
 display: table;
clear: both:
}
     </style>
</head>
<body bgcolor="linen">
<form name="myform" method="post" action="Assignment1.html">
     <fieldset class="Heading1">
          Note: Columns marked with * are compulsory to fill in <br/> <br/> >
          <font id=font1>&nbsp;Indian Mission</font><font
id=font2>*</font><select>
               <option>select any mission</option>
               <option>USA-SAN FRANCISCO</option>
               <option>Malawi
               <option>Malta
          </select><br/>
          <font id=font1>Service Desired</font><font
id=font2>*</font><select>
               <option>Select Service
               <option>Army Air Defence.
               <option>Army Aviation Corps.
               <option>The Armoured Corps.</option>
          </select><br/>
          <font
id=font1>
```

```
bsp;   Surname</font><input type="text"
name="name"/><br/>
         <font id=font1>&nbsp;&nbsp;Given Name/s</font><font
id=font2>*</font><input type="text" name="givenname"/>
         < p
id="font1">        
nbsp;       
      (Name should be in full
inside and Mr, Mrs, Dr are not allowed)
    </fieldset>
<div id="row" style="background-color:linen">
     If you have ever changed your name click the box
<input type="checkbox" name="box"/> and indicate previous name in full
<div class="column" style="background-color:linen">
 <fieldset class="Heading1">
<font id=font1>&nbsp;&nbsp;&nbsp;Previous Name</font><input type="text"
name="previousname"/><br/>
         <font
id=font1>        
bsp;        
><font id=font2>*</font><select>
             <option>select sex</option>
             <option>Male</option>
             <option>Female
         </select><br/>
         <font id=font1>&nbsp;&nbsp;Place of Birth</font><font
id=font2>*</font><input type="text" name="city"/><br/>
         <font
id=font1>     Qualification</font><input
type="text" name="qualification"/><br/>
         <font id=font1>&nbsp;&nbsp;&nbsp;Visible Mark</font><font
id=font2>*</font><input type="text" name="marks"/><br/>
```

```
<font id=font1>&nbsp;&nbsp;Color of eyes</font><font
id=font2>*</font><input type="text" name="eyes"/>
          </fieldset>
 </div>
 <div class="column" style="background-color:linen">
  <fieldset class="Heading1">
          <legend></legend>
<font id=font1>&nbsp;&nbsp;&nbsp;&nbsp;Date of
Birth</font></font><font id=font2>*</font><input type="text"
name="birth"/>(DD/MM/YYYY)<br/>
          <font id=font1>District/Country</font><font
id=font2>*</font><input type="text" name="country"/><br/>
          <font
id=font1>        
bsp; Profession</font><input type="text" name="profession"/><br/>
          <font
id=font1>     Height(cms)</font><font
id=font2>*</font><input type="text" name="height"/><br/>
          <font id=font1>&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;Color of
hair</font><font id=font2>*</font><input type="text" name="hair"/>
          </fieldset>
 </div>
</div>
```

```
<div id="row" style="background-color:linen">
<div class="column" style="background-color:linen">
 <fieldset class="Heading1">
<font
id=font1>        &n
bsp;      Address to be printed in
passport</font><font id=font2>*</font><input type="text"
name="passport"/><br/>
     <font id=font1>Atleast first two address lines are to be filled<input
type="text" name="address"/><br/>
     <font
id=font1>        &n
bsp;        
nbsp;       
        
;        
p;   Phone No</font><input type="text"
name="phoneno"/><br/>
     <font
id=font1>        
bsp;        
nbsp;       
       
;     Email Address</font><input
type="text" name="email"/>
     </fieldset>
</div>
```

 $\ \&nbs$

Other address*<input

<div class="column" style="background-color:linen">

<fieldset class="Heading1">

type="text" name="otheraddress"/>

<font

id=font1> Mobile No<input type="text" name="mobileno"/>

</fieldset>

</div>

</div>

<fieldset class="Heading1">

Applicant's family information (All names should be in full,initials and titles such as Mr,Mrs,Dr etc are not allowed

<font

id=font1> &nb

<option>select marital status</option>
 <option>Single</option>
 <option>Married</option>
</select>
>

<font

id=font1> &nb

p; Spouse's name<input type="text" name="spousename"/>
br/>

<font

id=font1> &nb

<font

id=font1> &nb

<font

id=font1> &nb

 ationality of father at the time of applicant's birth<input type="text" name="nationality"/>

<font

id=font1> &nb

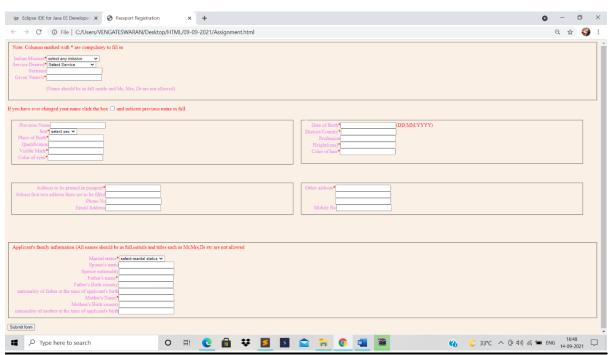
<font

id=font1> &nb

<fort id=font1> nationality of mother at the time of applicant's birth<input type="text" name="nationality"/>
</fieldset>
<input type="submit" value="Submit form"/></form></body>

Output:

</html>



Output:

