Experiment No. 4

```html
<!DOCTYPE html>
<html lang="en">

<head>
    <meta charset="UTF-8">
    <meta name="viewport" content="width=, initial-scale=1.0">
    <meta http-equiv="X-UA-Compatible" content="ie=edge">

    <link rel="stylesheet" href="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/css/bootstrap.min.css">
    <script src="https://ajax.googleapis.com/ajax/libs/jquery/3.4.1/jquery.min.js"></script>
    <script src="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/js/bootstrap.min.js"></script>
    <title>Form</title>

    <style>
        span {
            color: red;
        }
        div{
            padding: 50px;
        }
    </style>
</head>

<body style="background-color: cornsilk; line-height: 22px; color: black;">
    <h1 align="center">Student Registration Form</h1>
    <u><h2 align="center">PLEASE FILL AND SUBMIT</h2></u>
    <div>
            <form method="" action="">
                <table align="center">
                    <tr>
                        <th>First Name <span>*</span></th>
                        <td><input type="text" placeholder="Parv" maxlength="4" style="width: 35%;">  (Max 30 characters a-z and A-Z)</td>
                    </tr>

                    <tr>
                        <th>Last Name <span>*</span></th>
```

```html
                                        <td><input type="text" placeholder="Rastogi" maxle
ngth="7" style="width: 35%;">  (Max 30 characters a-z and A-Z)</td>
                            </tr>

                            <tr>
                                <th>Date Of Birth</th>
                                <<td><select name="Date">
                                        <option value="" selected="selected" disab
led="disabled">Date</option>
                                        <option value="1">01</option>
                                        <option value="2">05</option>
                                        <option value="3">10</option>
                                        <option value="4">15</option>
                                    </select>
                                    <select name="Month">
                                        <option value="" selected="selected" disab
led="disabled">Month</option>
                                        <option value="1">January</option>
                                        <option value="2">April</option>
                                        <option value="3">July</option>
                                        <option value="4">October</option>
                                    </select>
                                    <select name="Year">
                                        <option value="" selected="selected" disab
led="disabled">Year</option>
                                        <option value="1">1998</option>
                                        <option value="2">1999</option>
                                        <option value="3">2000</option>
                                    </select>
                                </td>
                            </tr>

                            <tr>
                                <th>Email <span>*</span></th>
                                <td><input type="text" required/></td>
                            </tr>
                            <tr>
                                <th>Contact no.</th>
                                <td>
                                    <input type="text" placeholder="+91" maxlength
="4" style="width: 9%;"><input type="number" /> (10 digit number)
                                </td>
                            </tr>

                            <tr>
                                <th>Gender</th>
                                <td>
                                    <input type="radio" name="g" value="m" />Male
```

```html
                                        <input type="radio" name="g" value="f" />Femal
e
                                    </td>
                                </tr>

                                <tr>
                                    <th>Address</th>
                                    <td><textarea rows="10" cols="20"></textarea></td>
                                </tr>

                                <tr>
                                    <th>City <span>*</span></th>
                                    <td><input type="text" name="fn" id="fn1" maxlengt
h="10" required /> (Max 30 characters a-z and A-Z)</td>
                                </tr>

                                <tr>
                                    <th>Pincode</th>
                                    <td><input type="text" name="fn" id="fn1" maxlengt
h="10" /> (6 Digit Number)</td>
                                </tr>

                                <tr>
                                    <th>State <span>*</span></th>
                                    <td><input type="text" name="fn" id="fn1" maxlengt
h="10" required /> (Max 30 characters a-z and A-Z)</td>
                                </tr>

                                <tr>
                                    <th>Country</th>
                                    <td><input type="text" placeholder="India" maxleng
th="5" style="width: 35%;"></td>
                                </tr>

                                <tr>
                                    <th>Hobbies</th>
                                    <td>
                                        <input type="radio" name="g" value="D" />Danci
ng
                                        <input type="radio" name="g" value="S" />Singi
ng
                                        <input type="radio" name="g" value="d" />Drawi
ng
                                        <input type="radio" name="g" value="s" />Sketc
hing
                                        <input type="radio" name="g" value="o" />Other
s
```

```html
                                    <input type="text" name="fn" id="fn1" maxlengt
h="10" />
                        </td>
                    </tr>

                    <br><br>

                    <tr>
                        <td colspan="2" align="center"><input type="submit
" value="Reset" />
                            <input type="reset" value="submit" />
                        </td>
                    </tr>
                </table>
            </form>
        </div>
    </body>
</html>
```