```
<!DOCTYPE html>
<html lang="en">
<head>
  <meta charset="UTF-8">`
  <meta name="viewport" content="width=device-width, initial-scale=1.0">
  <title>Priyanshu's form </title>
</head>
<body style="background-color: #f8f7f5;" alink="red" vlink="orange" link="green">
   <a href="assign2.html">HOME</a>
   <font size="5"> <b><u>Student Registration
From</u></b></font> 
  <form style="text-align: left;">
    <label >First Name:</label>
    <input style="margin-left:5%;" type="text" name=" FIRST NAME" placeholder="Enter your first
name" required size="40" maxlength="40">
    <br>
    <label >Last Name:</label>
   <input style="margin-left:5.1%;" type="text" name=" LAST NAME" placeholder="Enter your last
name" required size="40">
    <br>
    <label > Email :</label>
   <input style="margin-left:9.4%;" type="email" name="email" placeholder="Enter your email"
required size="40">
   <br>
    <label > Mobile: </label>
    <input style="margin-left:8.8%;" type="tel" name="mobile" placeholder="it should be of 10
digits" pattern="[0-9]{10}" required autofocus size="40" maxlength="10" minlength="10" >
    <br>
    <label >Gender :</label>
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<input style="margin-left:8.5%;" type="radio" name="Gender" >male
    <input type="radio" name="Gender"> female
    <br>
    <label>Date of Birth :</label>
   <input style="margin-left:4%;" type="date" name="DOB" required max="2024-07-13"
min="2012-12-12">
    <hr>
   <label>address:</label>
   <textarea style="margin-left:6.5%;" maxlength="300" rows="10" cols="50" ></textarea>
    <br>
    <label>city :</label>
    <input style="margin-left:10.5%;" type="text" name="city" placeholder="Enter your city. "
required size="40">
    <br>
    <label>Area Pin: </label>
   <input style="margin-left:6.1%;" type="text" name="pin" placeholder="Enter your pin" size="40"
maxlength="6" minlength="6">
    <br>
    <label>State</label>
   <input style="margin-left:10.6%;" type="text" name="state" placeholder="Enter your state">
    <br>
    <label>Qualification:</label>
    <select style="margin-left:2%;" name=" qualification">
     <option> BTECH CSE</option>
     <option> BTECH CSE CORE
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<option> BTECH CSE AIML
     <option> BTECH CSE CyberSecurity
    </select>
    <br>
    <label>Specialization:</label>
    <input style="margin-left:3%;" type="checkbox" name="computer science">Computer Science
    <br>
    <input style="margin-left:18.3%;" type="checkbox" name="Information
Technology">Information Technology
   <br>
   <input style="margin-left:18.3%;" type="checkbox" name="Computer Architecture">Computer
Architecture
   <br>
   <input style="margin-left:18.3%;" type="checkbox" name="Tele Computer">Tele Computer
    <br>
    <label>Password:</label>
    <input style="margin-left:6%;"type="password" name="passward" required maxlength="8"
minlength="8">
    <br>
    <br>
    <input style="margin-left:15%;" type="submit" name="submit" >
   </form>
</body>
</html>
```

Output:-

		Student Registration From
First Name:	Enter your first name	
Last Name:	Enter your last name	
Email :	Enter your email	
Mobile:	it should be of 10 digits	
Gender:	O male O female	
Date of Birth :	dd-mm-yyyy 🗖	
address:	Enter your city.	a
city:	Enter your city.	
Anna Dina		
Area Pin: State	Enter your state	
State Qualification:	Enter your state BTECH CSE Computer Science Information Technology Computer Architecture	
	Enter your state BTECH CSE Computer Science Information Technology	
State Qualification: Specialization:	Enter your state BTECH CSE Computer Science Information Technology Computer Architecture	