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<!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>

  <p style="color: brown; margin-left:50%" ><font size="5"> <b><u>Student Registration
From</u></b></font> </p>

  <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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<label>Date of Birth :</label>

<label>address:</label>

<textarea style="margin-left:6.5%;" maxlength="300" rows="10" cols="50" ></textarea>

<label>city :</label>

<label>Area Pin: </label>

<label>State</label>

<label>Qualification:</label>

<select style="margin-left:2%;" name=" qualification">

<option> BTECH CSE</option>

<option> BTECH CSE CORE</option>

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<option> BTECH CSE AIML</option>
<option> BTECH CSE CyberSecurity</option>
</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="password" required maxlength="8"
minlength="8">
<br>
<br>

<input style="margin-left:15%;" type="submit" name="submit" >

</form>

</body>
</html>
```

Output:-

[HOME](#)

Student Registration Form

First Name:

Last Name:

Email :

Mobile:

Gender : ☐ male ☐ female

Date of Birth :

address:

city :

Area Pin:

State

Qualification:

Specialization: ☐ Computer Science
☐ Information Technology
☐ Computer Architecture
☐ Tele Computer

Password: