```html
1   <!DOCTYPE html>
2   <html>
3   <head>
4       <title>College Application form</title>
5   </head>
6   <body>
7       <h1><u>COLLEGE APPLICATION FORM</u></h1>
8       <img src="./unnamed.jpg" height="200px" width="800px" alt="College image"><br><br>
9       <b><p>Please fill in the college Application form below if you want to attend our institution. Thank You!</p></b><hr>
10      <form >
11                     
12       <b><label for="name">Name:</label></b><br><br>
13       <select id="name">
14           <option >Title</option>
15           <option >Ms</option>
16           <option >Mrs</option>
17           <option >Mr</option>
18           <option >Mrs</option>
19       </select>
20
21       <input type="text" placeholder="First" required>   
22
23       <input type="text" placeholder="Middlename" required>   
24
25       <input type="text" placeholder="Lastname" required><br><br><br>
26
27       <b><label for="dob">Date of Birth:   </label></b>
28       <input type="date" id="dob" placeholder="MM\DD\YYYY" required><br><br><br>
29
30       <b><label for="phone">Phone no:</label></b>
31       <input type="text" id="phone" placeholder="XXXXXXXXXX" required><br><br><br>
32
33       <b><label for="Address">Home Address:</label></b>
34       <input type="text" id="Address" placeholder="Street Address" required>   
35
36       <input type="text" placeholder="City" required >   
37
38       <select>
39         <option >State</option>
40         <option >Maharashtra</option>
41         <option >Andhra Pradesh</option>
42         <option >Karnatak</option>
43         <option >Tamilnadu</option>
44         <option >Kerla</option>
45         <option >Madhya Pradesh</option>
46       </select><br><br><br>
47
```

```html
    <input type="text" placeholder="Zipcode" required >   

    <select>
        <option >Country</option>
        <option >India</option>
        <option >USA</option>
        <option >Canada</option>
        <option >Dubai</option>
        <option >UK</option>
        <option >France</option>
    </select><br><br><br>

    <b><label for="email">E-mail:</label></b>
    <input type="email" id="email" placeholder="John@gmail.com" required>   

    <label for="my image">Upload Your Image</label>
    <input type="file" id="my image" accept="image/jpeg/png">
</form>

<h2><u>Please select the courses you would like to attend</u></h2>

<input type="checkbox" id="Course#1" >
<label for="Course#1">Course#1</label><br><br>

<input type="checkbox" id="Course#2" >
<label for="Course#2">Course#2</label><br><br>

<input type="checkbox" id="Course#3" >
<label for="Course#3">Course#3</label><br><br>

<p><i>If you are under 18,Please complete the following section:</i></p>

<b><label for="Parent name">Name of Parent/Gaurdian:</label></b>
 <input type="text" id="Parent name" placeholder="First" required>   

 <input type="text" placeholder="Last" required><br><br>

<b><label for="different home address">Home Address (if different from yours):</label></b>
<input type="text" id="different home address" placeholder="Street address" required>    

<input type="text" placeholder="Street address Line 2" required><br><br>
<input type="text" placeholder="City" required>    
<input type="text" placeholder="Region" required>    
<input type="text" placeholder="Zipcode" required>    
```

```html
        <select>
            <option >Country</option>
            <option >India</option>
            <option >USA</option>
            <option >Canada</option>
            <option >Dubai</option>
            <option >UK</option>
            <option >France</option>
        </select><br><br>

        <input type="submit" value="SEND APPLICATION" >

</body>
</html>
```

```html
1   <!DOCTYPE html>
2   <html>
3   <head>
4       <title>Form</title>
5   </head>
6   <body>
7       <u><h1>RAILWAY TICKET FORM</h1></u><hr>
8       <img src="./longest-railway-platform-in-india-1024x614.png"  height="300px" width="500px" alt="Railway image"><br><br>
9       <form >
10          <b><label for="image">Upload your image:</label></b>
11          <input type="file" id="image" accept="image/jpeg/png"><br><br>
12
13          <b><label for="Reservation Quota">Reservation Quota:</label></b>
14          <select id="Reservation Quota" >
15          <option>Choose</option>
16          <option>Option 1</option>
17          <option>Option 2</option>
18          <option>Option 3</option>
19          <option>Option 4</option>
20          </select>       
21
22          <b><label for="Train name">Train Name:</label></b>
23          <input type="text" id="Train name" placeholder="Type train name"required> <br><br>
24
25          <b><label for="Journey from">Journey from:</label></b>
26          <input type="text"  id="Journey from" required>      
27
28          <b><label for="Journey to">Journey to:</label></b>
29          <input type="text" id="Journey to"required> <br><br>
30
31          <b><label for="Departure">Departure/Journey Date:</label></b>
32          <input type="date" id="Departure"> <br><br>
33
34          <b><label for="Passenger name">Passenger Name:</label></b>
35          <input type="text" id="Passenger name" placeholder="Type your name"required> <br><br>
36
37          <b><label for="age">Age:</label></b>
38          <input type="number" id="age" placeholder="23"> <br><br>
39
40          <b><label for="Gender">Sex:</label></b>
41          <select id="Gender" >
42          <option>Select</option>
43          <option>Male</option>
44          <option>Female</option>
45          </select><br><br>
46
```

```html
          <b><label for="Berth">Berth Choice:</label></b>
          <select id="Berth" >
          <option>Select</option>
          <option>1A</option>
          <option>2A</option>
          <option>3A</option>
          </select><br><br>

          <b><label for="Phone no">Phone No:</label></b>
          <input type="text"  id="Phone no" required> <br><br>

          <b><label for="email">Email:</label></b>
          <input type="email"  id="email" placeholder="john@yahoo.com" required> <br><br>

          <input type="checkbox" id="handicaped">
          <label for="handicaped">I have handicaped passengers</label><br><br>

          <input type="submit" value="submit">


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