NAME : RAJLAXMI PRAMOD MANE. BATCH : WBD-M3(MORNING)

CONTACT : 8446538831 **ASSIGNMENT\_NO : 2** 

```
<!DOCTYPE html>
<html lang="en">
    <meta charset="UTF-8">
    <meta name="viewport" content="width=device-width, initial-scale=1.0">
    <title>User personal information</title>
</head>
<body>
    <fieldset style="width: 330px; height: 370px; border-color: brown;" >
        <legend>USER_PERSONAL_INFORMATION</legend>
        <form action="">
            <label for="">Enter your full name</label>
            <br>
            <input type="text" name="" id="" autofocus style="width: 300px;</pre>
background-color: oldlace;">
            <br>
            <label for="" style="font-family: 'Times New Roman', Times,</pre>
serif;">Enter your email</label>
            <br>
            <input type="email" name="" id="" style="width: 300px;">
            <label for="">Enter your password</label>
            <input type="password" name="" id="" style="width: 300px;">
            <br>
            <label for="">confirm your password</label>
            <input type="password" name="" id="" style="width: 300px;">
            <label for="">Enter your gender</label>
            <br>
            <input type="radio" name="gen" id="">
            <label for="">Male</label>
            <input type="radio" name="gen" id="">
            <label for="">Female</label>
            <input type="radio" name="gen" id="">
            <label for="">Other</label>
            <br>
            <label for="">Enter your date of birth</label>
            <input type="date" name="" id="" style="width: 300px;">
            <label for="">Enter your address</label>
```

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```
<br>
```

```
<input type="text" name="" id="" style="width: 300px; height: 40px;">
            <br>
            <br>
            <input type="submit" value="SUBMIT" style="width: 80px; height: 30px;</pre>
background-color: darkgray;">
        </form>
    </fieldset>
</body>
</html>
```

