

NAME : MANE RAJLAXMI PRAMOD
BATCH : WBD-M3(MORNING)
CONTACT : 8446538831

ASSIGNMENT NO : 03

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

<head>
  <meta charset="UTF-8">
  <meta name="viewport" content="width=device-width, initial-scale=1.0">
  <title>STUDENT_REGISTRATION_FORM</title>

  <style>
    * {
      padding: 0;
      margin: 0;
      box-sizing: border-box;
    }

    h3 {
      position: relative;
      left: 35%;
      color: rgb(158, 6, 6);
      margin-bottom: 5px;
    }

    #sub {
      background-color: green;
      color: aliceblue;
      height: 30px;
      width: 100px;
    }

    #check {
      margin-left: 50px;
    }

    .input {
      width: 400px;
      height: 25px;
      margin-left: 50px;
    }

    #add {
      height: 100px;
```

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```
        width: 400px;
        margin-left: 50px;
    }

    fieldset {
        width: 650px;
        background-color: rgb(236, 231, 231);
        border: none;
    }
</style>
</head>

<body>
    <h3><u>STUDENT REGISTRATION FORM</u></h3>
    <fieldset class="color">
        <br>
        <table>
            <form action="">
                <tr>
                    <td><label for="fname">FIRST NAME</label></td>
                    <td><input class="input" type="text" name="" id="fname"></td>
                </tr>
                <tr>
                    <td><label for="lname">LAST NAME</label></td>
                    <td><input class="input" type="text" name="" id="lname"></td>
                </tr>
                <tr>
                    <td><label for="">EMAIL</label></td>
                    <td><input class="input" type="email" name="" id=""></td>
                </tr>
                <tr>
                    <td><label for="">MOBILE</label></td>
                    <td><input class="input" type="tel" name="" id=""></td>
                </tr>
                <tr>
                    <td><br><label for="">GENDER</label></td>
                    <td><br><input id="check" type="radio" name="gen" id="">
                        <label for="">MALE</label>
                        <input type="radio" name="gen" id="">
                        <label for="">FEMALE</label>
                    </td>
                </tr>
            </form>
        </table>
    </fieldset>
</body>
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```
<tr>
  <td>
    <br>
    <label for="">DATE OF BIRTH</label></td>
  <td><br><input class="input" type="date" name="" id=""></td>
</tr>
<tr>
  <td><label for="">ADDRESS</label></td>
  <td><input id="add" type="text" name="" id=""></td>
</tr>
<tr>
  <td><label for="">CITY</label></td>
  <td><input class="input" type="text" name="" id=""></td>
</tr>
<tr>
  <td><label for="">AREA PIN</label></td>
  <td><input class="input" type="number" name="" pattern="[0-9]{6}" size="6"></td>
</tr>
<tr>
  <td><label for="">STATE</label></td>
  <td><input class="input" type="text" name="" id=""></td>
</tr>
<tr>
  <td><label for="">QUALIFICATION</label></td>
  <td><select name="" id="check">
    <option value="" disabled selected>SELECT
    QUALIFICATION</option>
    <option value="">BTECH</option>
    <option value="">MTECH</option>
    <option value="">ME</option>
    <option value="">BE</option>
    <option value="">DIPLOMA</option>
    <option value="">BCOM</option>
    <option value="">BCS</option>
    <option value="">MCS</option>
    <option value="">MCA</option>
  </select></td>
</tr>
<tr>
  <td><label for="">SPECIALIZATION</label>
  </td>
  <td>
    <input type="text" name="" id="">
  </td>
</tr>
```

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```
<br>
<input id="check" type="checkbox" name="" id="">
<label for="">COMPUTER SCIENCE</label>
<br>
<input id="check" type="checkbox" name="" id="">
<label for="">INFORMATION TECHNOLOGY</label>
<br>
<input id="check" type="checkbox" name="" id="">
<label for="">COMPUTER ARCHITECTURE</label>
<br>
<input id="check" type="checkbox" name="" id="">
<label for="">TELE COMMUNICATION</label>
<br>
<input id="check" type="checkbox" name="" id="">
<label for="">SOFTWARE ENGINEER</label>
<br>
</td>
</tr>
<tr>
<td><br><label for="">PASSWORD</label></td>
<td><br><input class="input" type="password" name=""
id=""></td>
</tr>
<tr>
<td colspan="2"><br>
<input id="sub" type="submit" value="REGISTER"></td>
<!--<td></td>-->
</tr>
</form>

</table>

</fieldset>
</body>

</html>
```

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STUDENT_REGISTRATION_FORM

127.0.0.1:5500/ASSIGNMENTS/ASSIGNMENT_3/Student_reg_form.html

STUDENT REGISTRATION FORM

FIRST NAME

LAST NAME

EMAIL

MOBILE

GENDER

DATE OF BIRTH

ADDRESS

CITY

AREA PIN

STATE

QUALIFICATION

SPECIALIZATION

PASSWORD

☐ MALE ☐ FEMALE

dd/mm/yyyy

SELECT QUALIFICATION

☐ COMPUTER SCIENCE
☐ INFORMATION TECHNOLOGY
☐ COMPUTER ARCHITECTURE
☐ TELE COMMUNICATION
☐ SOFTWARE ENGINEER

REGISTER