

EXPERIMENT-06

TASK-06:

Q. Write a code to design this Registration Form.

14/01/2026, 14:11

REGISTRATION APPLICATION FORM FOR COURSE - O LEVEL

1. Registration Form		
1.0	Have you got online reference number for enrolment with NIELIT/Accreditation/Extension Center	<input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/>
1.1	Registration sought for	<input type="radio"/> O LEVEL <input checked="" type="radio"/>
1.2	Applied As	Direct Candidate <input checked="" type="radio"/> Through Institute <input type="radio"/>
1.3	Exam Cycle	July, 2022
1.4	Registration Fee Will Be Paid By?	Candidate Direct to NIELIT
2. Applicant's Personal Details		
2.1	Applicant's full name	--Select-- <input type="button"/>
2.2	Care Of	Parents <input checked="" type="radio"/> Guardian <input type="radio"/>
2.2.1	Father's Name	Mr. <input type="button"/>
2.2.2	Mother's Name	Mrs. <input type="button"/>
2.3	Gender	Male <input type="radio"/> Female <input type="radio"/> Others <input type="radio"/>
2.4	Date of Birth	dd-mm-yyyy <input type="button"/>
2.5	Marital Status	--Select-- <input type="button"/>
2.6	Category	--Select-- <input type="button"/>
2.7	Handicapped	No <input checked="" type="radio"/> Yes <input type="radio"/>
2.8	Ex-Serviceman	No <input checked="" type="radio"/> Yes <input type="radio"/>
2.9	EWS	No <input checked="" type="radio"/> Yes <input type="radio"/>
2.10	Religion	--Select-- <input type="button"/>
3. Contact Details		
3.1	Mobile Number	<input type="button"/>

<https://programmingtrick.com/html-assignment/form/assignment3.html>

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Go

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https://programmingtrick.com/html-assignment/form/assignment3.html

REGISTRATION APPLICATION FORM FOR COURSE - O LEVEL

3.2	Email ID	<input type="button"/>
3.3	Address Line 1	<input type="button"/>
3.4	Address Line 2	<input type="button"/>
3.5	City	<input type="button"/>
3.6	State	--Select-- <input type="button"/>
3.7	Pin Code	<input type="button"/>
4. Educational / Qualification Details		
4.1	Highest Educational Qualification	--Select-- <input type="button"/>
4.2	Year of Passing	<input type="button"/>
5. Identification Details		
5.1	Aadhar Card Number	<input type="button"/>
5.2	Upload Photo	Choose file <input type="button"/> No file chosen
<input type="button"/> Submit <input type="button"/> Back		

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<html>
<head>
<title>Task-06</title>
</head>
<center>
<h3><u>REGISTRATION APPLICATION FORM FOR COURSE-O LEVEL</u></h3>

<table width="800" height="400" border="3" cellpadding="10" cellspacing="0" bgcolor="white">

<tr align="left">
    <th colspan="20" align="left"><font color="gray">1.Registration Form</font></th>
</tr>

<tr align="left">
    <th>1.0</th>
    <th>Have you got online reference number for enrollment with NIELIT/Accreditation/Extension Center</th>
    <th>No<input type="radio" name="No">Yes<input type="radio" name="Yes"></th>
</tr>

<tr align="left">
    <th>1.1</th>
    <th>Registration sought for</th>
    <th><select name="LEVEL">
        <option value="O LEVEL">O LEVEL</option>
        <option value="A LEVEL">A LEVEL</option>
    </select></th>
</tr>

<tr align="left">
    <th>1.2</th>
    <th>Applied As</th>
    <th>Direct Candidate<input type="radio" name="Through Institute">Through Institute<input type="radio" name="Self"></th>
</tr>

<tr align="left">
    <th>1.3</th>
    <th>Exam Cycle</th>
    <th>July, 2022</th>
</tr>

<tr align="left">
    <th>1.4</th>
    <th>Registration Fee Will Be Paid By?</th>
    <th><input type="text" placeholder="Candidate Direct To NIELIT"></th>
</tr>

<tr align="left">
    <th colspan="20" align="left"><font color="gray">2.Applicant's Personal Details</font></th>
</tr>

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2 | Page

NAME: SWATI PARIDA

SIC: 24BCSI81

GRP & ROLL NO.: E2 & 15

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<tr align="left">
    <th>2.1</th>
    <th>Applicant's Full Name</th>
    <th><select name="--Select--">
        <option value="--Select--">--Select--</option>
        <option value="First Name">First Name</option>
        <option value="Middle Name">Middle Name</option>
        <option value="Last name">Last Name</option>
    </select></th>
</tr>

<tr align="left">
    <th>2.2</th>
    <th>Care Of</th>
    <th>Parents<input type="radio">Guardian<input type="radio"></th>
</tr>

<tr align="left">
    <th>2.2.1</th>
    <th>Father's Name</th>
    <th><select name="Mr.">
        <option value="Mr.">Mr.</option>
        <option value="Mr."></option>
        <option value="Uttam">UTTAM</option>
        <option value="Ashish">ASHISH</option>
    </select></th>
</tr>

<tr align="left">
    <th>2.2.2</th>
    <th>Mother's Name</th>
    <th><select name="Mrs.">
        <option value="Mrs.">Mrs.</option>
        <option value="Mrs."></option>
        <option value="Sipra">SIPRA</option>
        <option value="Pramila">PRAMILA</option>
    </select></th>
</tr>

<tr align="left">
    <th>2.3</th>
    <th>Gender</th>
    <th>Male<input type="radio">Female<input type="radio">Others<input type="radio"></th>
</tr>

<tr align="left">
    <th>2.4</th>
    <th>Date of Birth</th>

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<th>
    <select name="dd">
        <option value="dd">dd</option>
        <option value="12">12</option>
        <option value="13">13</option>
        <option value="14">14</option>
        <option value="15">15</option>
    </select>

    <select name="mm">
        <option value="mm">mm</option>
        <option value="Jan">Jan</option>
        <option value="Feb">Feb</option>
        <option value="Mar">Mar</option>
        <option value="Apr">Apr</option>
    </select>

    <select name="yyyy">
        <option value="yyyy">yyyy</option>
        <option value="2006">2006</option>
        <option value="2007">2007</option>
        <option value="2005">2005</option>
        <option value="2001">2001</option>
    </select>
</th>
</tr>

<tr align="left">
    <th>2.5</th>
    <th>Marital Status</th>
    <th><select name="--Select--">
        <option value="--Select--">--Select--</option>
        <option value="Married">MARRIED</option>
        <option value="Un-Married">UN-MARRIED</option>
    </select></th>
</tr>

<tr align="left">
    <th>2.6</th>
    <th>Category</th>
    <th><select name="--Select--">
        <option value="--Select--">--Select--</option>
        <option value="Gen">Gen</option>
        <option value="OBC">OBC</option>
        <option value="SC/ST">SC/ST</option>
    </select></th>
</tr>

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<tr align="left">
    <th>2.7</th>
    <th>Handicapped</th>
    <th>No<input type="radio">Yes<input type="radio"></th>
</tr>

<tr align="left">
    <th>2.8</th>
    <th>Ex-Serviceman</th>
    <th>No<input type="radio">Yes<input type="radio"></th>
</tr>

<tr align="left">
    <th>2.9</th>
    <th>EWS</th>
    <th>No<input type="radio">Yes<input type="radio"></th>
</tr>

<tr align="left">
    <th>2.10</th>
    <th>Religion</th>
    <th><select name="--Select--">
        <option value="--Select--">--Select--</option>
        <option value="Hindu">Hindu</option>
        <option value="Christian">Christian</option>
        <option value="Sikh">Sikh</option>
        <option value="Jain">Jain</option>
    </select></th>
</tr>

<tr align="left">
    <th colspan="20"><font color="gray">3.Contact Details</font></th>
</tr>

<tr align="left">
    <th>3.1</th>
    <th>Mobile Number</th>
    <th></th>
</tr>
<tr align="left">
    <th>3.2</th>
    <th>Email ID</th>
    <th></th>
</tr>

<tr align="left">
    <th>3.3</th>
    <th>Address Line 1</th>
    <th></th>
</tr>

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<tr align="left">
    <th>3.4</th>
    <th>Address Line 2</th>
    <th></th>
</tr>

<tr align="left">
    <th>3.5</th>
    <th>City</th>
    <th><select name="--Select--">
        <option value="--Select--">--Select--</option>
        <option value="Bhubaneswar">Bhubaneswar</option>
        <option value="Bengaluru">Bengaluru</option>
        <option value="Mumbai">Mumbai</option>
    </select></th>
</tr>

<tr align="left">
    <th>3.6</th>
    <th>State</th>
    <th><select name="--Select--">
        <option value="--Select--">--Select--</option>
        <option value="Odisha">Odisha</option>
        <option value="Karnataka">Karnataka</option>
        <option value="Maharashtra">Maharashtra</option>
    </select></th>
</tr>

<tr align="left">
    <th>3.7</th>
    <th>Pin Code</th>
    <th></th>
</tr>

<tr align="left">
    <th colspan="20"><font color="gray">4.Educational/Qualification Details</font></th>
</tr>

<tr align="left">
    <th>4.1</th>
    <th>Highest Educational Qualification</th>
    <th><select name="--Select--">
        <option value="--Select--">--Select--</option>
        <option value="Matriculation">Matriculation</option>
        <option value="Senior Secondary">Senior Secondary</option>
        <option value="Diploma">Diploma</option>
        <option value="UG">UG</option>
        <option value="PG">PG</option>
    </select></th>
</tr>

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<tr align="left">
    <th>4.2</th>
    <th>Year Of Passing</th>
    <th></th>
</tr>

<tr align="left">
    <th colspan="20"><font color="gray">5.Identification Details</font></th>
</tr>
<tr align="left">
    <th>5.1</th>
    <th>Aadhar Card Number</th>
    <th></th>
</tr>
<tr align="left">
    <th>5.2</th>
    <th>Upload Photo</th>
</tr>

<tr>
    <th colspan="20" align="center"><input type="button" value="Submit">
    <input type="button" value="Back"></th>
</tr>
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2.4	Date of Birth	dd <input type="button"/> mm <input type="button"/> yyyy <input type="button"/>
2.5	Marital Status	Select <input type="button"/>
2.6	Category	Select <input type="button"/>
2.7	Handicapped	No <input type="radio"/> Yes <input type="radio"/>
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Task-06

File C:/Users/SWATI/Documents/IWT_LAB/EXPERIMENT-06/LAB-06_EXPERIMENT-06-Task-06.html

Sign in Chat

2.6	Category	<input type="button" value="Select..."/>
2.7	Handicapped	No <input type="radio"/> Yes <input type="radio"/>
2.8	Ex-Serviceman	No <input type="radio"/> Yes <input type="radio"/>
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3.6	State	<input type="button" value="Select..."/>
3.7	Pin Code	
4. Educational Qualification Details		
4.1	Highest Educational Qualification	<input type="button" value="Select..."/>
4.2	Year Of Passing	
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