

Student Registration Form	
Name	<input type="text"/>
Fathers name	<input type="text"/>
Postal Address	<input type="text"/>
Personal Address	<input type="text"/>
Sex	<input type="radio"/> Male <input type="radio"/> Female
City	<input type="text" value="Select.."/> ▾
Course	<input type="text" value="Select.."/> ▾
District	<input type="text" value="Select.."/> ▾
State	<input type="text" value="Select.."/> ▾
pincode	<input type="text"/>
Email id	<input type="text"/>
DOB	<input type="text"/>
Mobile No.	<input type="text"/>
<input type="button" value="reset"/>	<input type="button" value="Submit Form"/>
