```html
<!DOCTYPE html>
<html>
<head>
<meta name="viewport" content="width=device-width, initial-scale=1">
<style>
body{
  font-family: Calibri, Helvetica, sans-serif;
  background-color: pink;
}
.container {
    padding: 50px;
  background-color:silver;
}

input[type=text], input[type=password], textarea {
  width: 100%;
  padding: 15px;
  margin: 5px 0 22px 0;
  display: inline-block;
  border: none;
  background: #f1f1f1;
}
input[type=text]:focus, input[type=password]:focus {
  background-color:cadetblue;
  outline: none;
}
 div {
          padding: 10px 0;
      }
hr {
  border: 1px solid #f1f1f1;
  margin-bottom: 25px;
}
.registerbtn {
  background-color: #4CAF50;
  color: white;
  padding: 16px 20px;
  margin: 8px 0;
  border: none;
  cursor: pointer;
  width: 100%;
  opacity: 0.9;
}
.registerbtn:hover {
  opacity: 1;
}
</style>
</head>
<body>
<form>
```

```html
  <div class="container">
  <center>  <h1 style="font-size:40px;"> STUDENT REGISTRATION FORM  </h1> </center>

  <hr>
<p> Registration of a student for an online TCS exam</p>
  <label> Firstname </label>
<input type="text" name="firstname" placeholder= "Firstname" size="15" required />

<label> Middlename: </label>
<input type="text" name="middlename" placeholder="Middlename" size="15" required />

<label> Lastname: </label>
<input type="text" name="lastname" placeholder="Lastname" size="15"required />
<label> Roll.no: </label>
<input type="text" name="roll.no" placeholder="Roll.no" size="15"required />
<label> Father name: </label>
<input type="text" name="father name" placeholder=" Father name" size="15"required
/>
<label> Mother name: </label>
<input type="text" name="mother name" placeholder="Mother name" size="15"required
/>
 < label> Aadhar number: </label>
<input type="text" name="aadhar number" placeholder="Aadhar number"
size="15"required />
<div>
 < label> Image: </label>
<input type="image" src="img_submit.gif" alt="submit"  style="text-align:
right;15px;">
</div>




<div>
<label>
Qualification :
</label>

<select>
<option value="Qualification">Qualification</option>
<option value="BCA">BCA</option>
<option value="BBA">BBA</option>
<option value="B.Tech">B.Tech</option>
<option value="MBA">MBA</option>
<option value="MCA">MCA</option>
<option value="M.Tech">M.Tech</option>
</select>
</div>
<div>
<label>
CGPA:
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</label>
<input type="text" name="X -CGPA"placeholder="X-CGPA"size="3"/>
<input type="text" name="XII-CGPA"placeholder="XII-CGPA"size="3"/>
</div>
<div>
<label for ="file">resume file to upload</label>
<input type="file" id ="file" name="file" multiple>
</div>
<div>
<button>Submit</button>
</div>
<div>
<label>
Gender :
</label><br>
<input type="radio" value="Male" name="gender" checked > Male
<input type="radio" value="Female" name="gender"> Female
<input type="radio" value="Other" name="gender"> Other

</div>
<label>
Phone :
</label>
<input type="text" name="country code" placeholder="Country Code"  value="+91"
size="2"/>
<input type="text" name="phone" placeholder="phone no." size="10"/ required>
Current Address :
<textarea cols="80" rows="5" placeholder="Current Address" value="address"
required>
</textarea>
 <label for="email"><b>Email</b></label>
 <input type="text" placeholder="Enter Email" name="email" required>

    <label for="psw"><b>Password</b></label>
    <input type="password" placeholder="Enter Password" name="psw" required>

    <label for="psw-repeat"><b>Re-type Password</b></label>
    <input type="password" placeholder="Retype Password" name="psw-repeat"
required>
    <button type="submit" class="registerbtn">Register</button>
</form>
</body>
</html>
```