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19BCE2484

Code:

```html
<!DOCTYPE html>
  <html lang="en">
    <head>
      <meta charset="utf-8">
      <title>Course Registration Form</title>
    </head>
    <body>
      <p>
        <fieldset>
      <legend><h1>Registration Form</h1> </legend>
      <div class="form">
      <form action="1.html" target="_self" method="get" enctype="multipart/form-data">
      </div>
      <div>
        <label for="fname">First Name:</label>
        <input type="text" name="fname" placeholder="First name" id="fname" >
        <label for="lname">Last Name:</label>
        <input type="text" name="lname" placeholder="Last name" id="lname"><br><br>
        </div>


      <div>
        <label for="date">Date of Birth:</label>
        <input type="date" name="dob" id="date" value="date"><br><br>
```

```html
        </div>

        <div>

            <label for="gender">Gender:</label>

            <input type="radio" name="gender" id="male" value="male">

            <label for="male">Male</label>

            <input type="radio" name="gender" id="female" value="female">

            <label for="female">Female</label>

            <input type="radio" name="gender" id="others" value="others">

            <label for="others">Others</label>

            <br><br>

        </div>

        <div>

            <label for="email">Email:</label>

            <input type="email" name="email" id="email" ><br><br>

        </div>

        <div>

            <label for="contact">Contact:</label>

            <input type="tel" name="phone" id="contact" ><br><br>

        </div>

        <div class="checks">

            <label for="degree">Degree:</label>

            <input type="radio" name="degree" id="pursuing" value="pursuing">

            <label for="pursuing">Pursuing</label>

            <input type="radio" name="degree" id="completed" value="cpmpleted">

            <label for="completed">Completed</label>

            <br><br>

        </div>
```

```html
<div>
<label for="subject">Subject:</label>

    <select name="subject" id="subject" required>

        <option value="None"></option>

        <option value="Computer Science And Engineering">Computer Science And Engineering</option>

        <option value="Civil Engineering">Civil Engineering</option>

        <option value="Mechanical Engineering">Mechanical Engineering</option>

        <option value="Biotechnology">Biotechnology</option>

    </select>

    <br><br>

</div>

<div class="checks">

    <label for="identity"> Student ID:  </label>

    <input type="file" id="identity" value="identity" accept="image/*">

    <br> <br>

</div>

<div class="Feedback">

<label > Your Feedback :</label> <br>

<textarea name="Your Feedback" rows="3" cols="20"> </textarea>

</div>

 <br>

<div class="checks">

    <input type="checkbox" value="agree" id="terms" required>

    <label for="terms"> <i>I agree to the terms and conditions</i></label><br>

</div>

<br>

<div>
```
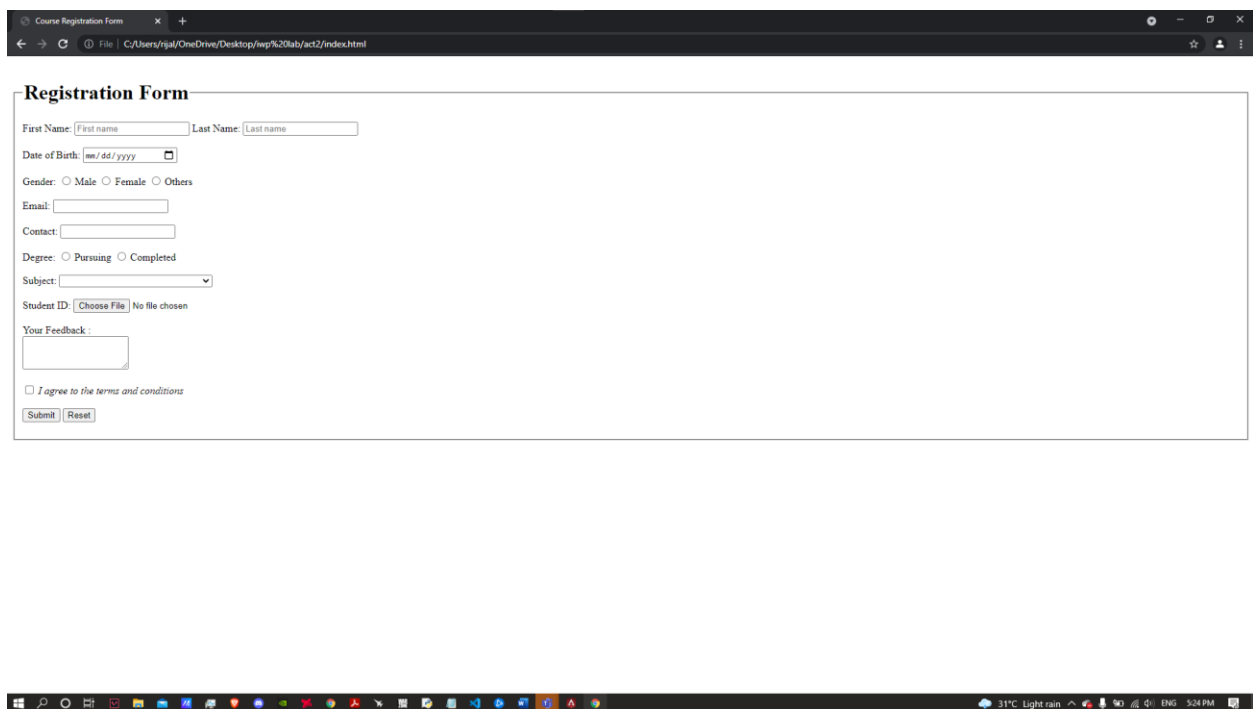
```
<button type="submit" > Submit </button>

<button type="reset" > Reset  </button>

</div>

</form>

</p>

</fieldset>

</body>

</html>
```

Output: