**Sashank Rijal**

**19BCE2484**

**Code:**

<!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>

</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>

<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>

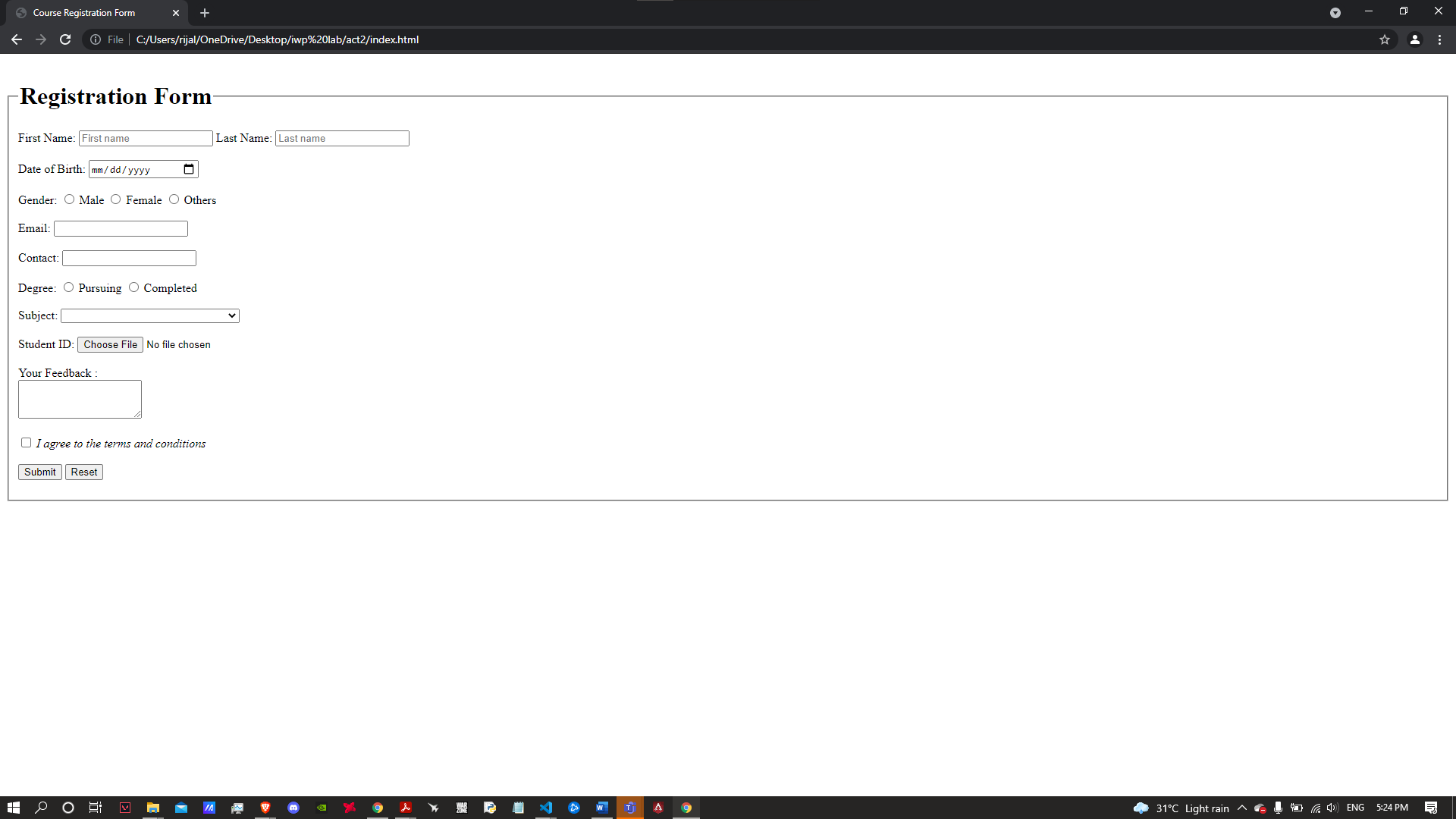
</p>

</fieldset>

</body>

</html>

**Output:**

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