

Shainitha- 4MW23CS141

Registration Form

Personal Information	
First Name :< /td>	<input type="text" value="Enter your firstname"/>
Last Name :< /td>	<input type="text" value="Enter your last name"/>
Email :< /td>	<input type="text" value="Enter your email"/>
Password :< /td>	<input type="password" value="Enter yourpassword"/>
Gender :< /td>	<input type="radio"/> Male <input type="radio"/> Female
Country :< /td>	<input type="text" value="India"/> ▼
Hobbies :< /td>	<input type="checkbox"/> Reading <input type="checkbox"/> Travelling <input type="checkbox"/> Sports
Address :< /td>	<input type="text" value="Enter your address"/>
<input type="button" value="Register"/> <input type="button" value="Reset"/>	