

CREATE A HTML PAGE FOR REGISTRATION PAGE - USE ALL FORM ELEMENTS AND ALL APPLY ALL POSSIBLE ATTRIBUTES.

Program: <html>

<head>

<title>

Registration form

</title>

</head>

<body >

<form action="" style="text-align: center;">

<h2 style="text-align:center">STATE BOARD OF TECHNICAL EDUCATION</h2>

<h3 style="text-align:center; color: blue;">Student Registration Form</h3>

<h3>Personal details</h3>

First Name: <input type="text">

Last Name: <input type="text">

Father Name: <input type="text">

Mother Name: <input type="text">

Date of Brith: <input type="date">

Mobile No: <input type="text">

Gender:</br>

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

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

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

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

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

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

E-mail: <input type="email">

Aadhar no: <input type="password">

Photo : <input type="file">

is employe children :

<input type="radio" name="emp" value="yes">

<label for="yes">Yes</label>

<input type="radio" name="emp" value="No">

<label for="No">Yes</label>

Family members : <input type="number">

Address : <textarea name="Address" id="" cols="30" rows="10"></textarea>

<h3>SSC details</h3>

Ssc Broad :

<select name="board" id="">

<option value="SSC">SSC</option>

<option value="CBSC">CBSC</option>

<option value="other board">other board</option>

</select>

Ssc Type :

<select name="board" id="">

<option value="Regular">Regular</option>

<option value="supplementary">supplementary</option>

</select>

Ssc hall ticket no: <input type="text">

year of pass : <input type="text">

<h3>college</h3>

PIN :

<input type="text">

BRANCH :

```
<select>
```

```
<option value="CSE">CSE</option>
```

```
<option value="ECE">ECE</option>
```

```
<option value="CE">CE</option>
```

```
<option value="EEE">EEE</option>
```

```
<option value="ME">ME</option>
```

```
<option value="AU">AU</option>
```

```
</select><br><br>
```

Special Category :


```
<input type="checkbox">NCC
```

```
<input type="checkbox">Sports
```

```
<input type="checkbox">PH
```

```
<h4> For Queries :
```

```
<a href="www.sbtet.com">contact us</a>
```

```
</h4>
```

```
<center><button>submit</button></center>
```

```
</form></body>
```

```
</html>
```

OUTPUT :

STATE BOARD OF TECHNICAL EDUCATION

Student Registration Form

Personal details

First Name: Last Name: Father Name: Mother Name: Date of Birth: Mobile No:

Gender:

☐ male ☒ female ☐ otherE-mail: Aadhar no: Photo: No file chosenIs employe children : ☐ Yes ☒ NoFamily members :

7-4-270
Ram nagar
Sodhavarikhani
Pudupatti
505209

Address :

SSC details

Ssc Broad : Ssc Type : Ssc hall ticket no: year of pass :

college

PIN : BRANCH :

Special Category :

☐ NCC ☐ Sports ☐ PHFor Queries : [contact us](#)