

Registration form

| Personal info | |
|----------------------|---|
| First name: | <input type="text" value="Shreeya"/> |
| Email: | <input type="text" value="shreeyashettyrs@gmail.com"/> |
| Password: | <input type="password" value="...."/> |
| Father name: | <input type="text" value="sadananda shetty"/> |
| Mother name: | <input type="text" value="ravitha shetty"/> |
| Gender | <input type="radio"/> male <input checked="" type="radio"/> Female |
| BloodGroup | <input type="radio"/> A+ve <input type="radio"/> B+ve <input checked="" type="radio"/> AB+ve <input type="radio"/> O+ve |
| Country: | <input type="text" value="India"/> |
| Qualification: | <input type="text" value="BTECH"/> |
| Hobbies | <input type="checkbox"/> Reading <input checked="" type="checkbox"/> Travelling <input type="checkbox"/> Sports |
| Address: | <div><div>bantaka1</div><div></div></div> |
| <div>NextReset</div> | |