

# Student form

## Personal information

|           |   |
|-----------|---|
| Name:     | <input type="text" value="Enter your name"/>  |
| Email:    | <input type="text" value="Enter your email"/>   |
| Password: | <input type="password" value="Enter your password"/>  |
| Gender:   | <input type="radio"/> Male <input type="radio"/> Female   |
| Hobbies:  | <input type="checkbox"/> Reading <input type="checkbox"/> Travelling <input type="checkbox"/> Singing <input type="checkbox"/> Sports<br><input type="checkbox"/> Dancing |
| Address:  | <input type="text" value="Enter your address"/>   |