<!doctype html>

<html>

<head>

<title>Police Account</title>

</head>

<body background="secure.jpg">

<form action="form2db.php", method="post">

<table border="0" align="center">

<caption><font color="white"><h1>Create your Account</h1></font></caption>

<tr>

<th><img src="" align="center" border="5" height="170px" width="132px" ></th>

</tr>

<tr><th><font color="#FFE4C4">Police ID no.:</font></th>

<td><input type="text" name="pi" maxlength="10" required="required"></td></tr>

<tr>

<th><font color="#FFE4C4">First Name: </font></th>

<td><input type="text" name="fn" title="First Name" style="color:black" value="" placeholder="Firstname" required="required"></td>

</tr>

<tr>

<th><font color="#FFE4C4">Middle Name: </font></th>

<td><input type="text" name="mn" title="First Name" style="color:black" value="" placeholder="MiddleName" required="required"></td>

</tr>

<tr>

<th><font color="#FFE4C4">Last Name: </font></th>

<td><input type="text" name="ln" title="First Name" style="color:black" value="" placeholder="LastName" required="required"></td></tr>

<tr>

<th><font color="#FFE4C4">Address: </font></th>

<td><textarea name="ad" rows="10" cols="30" required="required">

</textarea></td>

<tr>

<th><font color="#FFE4C4">State:</font></th>

<td><select name="st">

<option value="ap">ANDHRA PRADESH</option>

<option value="arp">ARUNACHAL PRADESH</option>

<option value="ass">ASSAM</option>

<option value="bh">BIHAR</option>

<option value="ch">CHANDIGARH</option>

<option value="chh">CHHATTISGARH</option>

<option value="dl">DELHI</option>

<option value="go">GOA</option>

<option value="gj">GUJRAT</option>

<option value="hr">HARYANA</option>

<option value="hp">HIMACHAL PRADESH</option>

<option value="jk">JAMMU AND KASHMIR</option>

<option value="jh">JHARKHAND</option>

<option value="kr">KARNATAKA</option>

<option value="ke">KERALA</option>

<option value="mp">MADHYA PRADESH</option>

<option value="mh">MAHARASHTRA</option>

<option value="mn">MANIPUR</option>

<option value="me">MEGHALAY</option>

<option value="mi">MIZORAM</option>

<option value="ng">NAGALAND</option>

<option value="od">ODISHA</option>

<option value="pj">PUNJAB</option>

<option value="rj">RAJASTHAN</option>

<option value="sk">SIKKIM</option>

<option value="tn">TAMIL NADU</option>

<option value="te">TELANGANA</option>

<option value="tr">TRIPURA</option>

<option value="up">UTTAR PRADESH</option>

<option value="ut">UTTARAKHAND</option>

<option value="wb">WEST BENGAL</option>

</select></td><br>

</tr>

<tr><th><font color="#FFE4C4">City:</font></th>

<td><input type="text" name="ci" required="required"></td>

</tr>

<tr>

<th><font color="#FFE4C4">Zipcode:</font></th>

<td><input type="text" name="zp" required="required"></td>

</tr>

<tr>

<th><font color="#FFE4C4">Birthdate: </font></th>

<td><input type="date" name="bi" title="Birthdate" style="color:black" value="" placeholder="dd/mm/yyyy" required="required"></td>

</tr>

<tr>

<th><font color="#FFE4C4">Gender:</font></th>

<td><input type="radio" name="gd" value="male"><font color="#FFE4C4"> Male</td>

<td><input type="radio" name="gd" value="female"><font color="#FFE4C4">Female</td>

</tr>

<tr>

<th><font color="#FFE4C4">Mobile no:</font></th>

<td><input type="number" name="mb" maxlength="10"></td>

</tr>

<tr>

<th><font color="#FFE4C4">Email Id:</font></th>

<td><input type="email" name="ed" required="required"></td>

</tr>

<tr><th><font color="#FFE4C4">User name:<br>

<td><input type="text" name="us" required="required"></td></font></tr>

<tr><th><font color="#FFE4C4">User password:<br>

<td><input type="password" name="pw" required="required"></td></font></tr>

<tr><th><font color="#FFE4C4">Repeat password:<br>

<td><input type="password" name="rp" required="required"></td></font></th></tr>

</table>

<tr><td><input type="submit" value="Submit"></td>

<td><input type="reset" value="Reset">

</td></tr>

</form>

</body>

</html>