



WAD ASSIGNMENT NO. 2C ANGULAR FORMS

Welcome to My Angular Form App

Registration

ID:	<input type="text" value="33323"/>
Name:	<input type="text" value="Tashmeet Kaur Hora"/>
Username:	<input type="text" value="tash"/>
Password:	<input type="password" value="...."/>
Email:	<input type="text" value="t@gmail.com"/>
Mobile Number:	<input type="text" value="01236547890"/>
Date of Birth:	<input type="text" value="23-12-2004"/> 
Gender:	<input type="radio"/> Male <input checked="" type="radio"/> Female

Mobile Number:	localhost:4200 says Registration successful! You can now log in.
Date of Birth:	<input type="text" value="23-12-2004"/> 
Gender:	<input type="radio"/> Male <input checked="" type="radio"/> Female
Address:	<input type="text" value="Trimurti Chowk"/>
City:	<input type="text" value="Pune"/>
Pincode:	<input type="text" value="411046"/>
State:	<input type="text" value="Maharashtra"/>
Food Taste:	<input type="checkbox"/> Spicy <input checked="" type="checkbox"/> Sweet
<input type="button" value="Register"/> <input type="button" value="Cancel"/>	

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