```html
<!DOCTYPE html>
<html lang="en">
<head>
    <meta charset="UTF-8">
    <meta name="viewport" content="width=device-width, initial-scale=1.0">
    <title>Document</title>
</head>
<body>
    <h3 style="padding-left: 80%;color:brown;"><u>Student Registration
Form</u></h3>
    <fieldset style="background-color: rgb(218, 218, 218);" >
        <form action="">
            <table>
                <tr>
                    <td><label for="fname">First Name: </label></td>
                    <td><input type="text" name="" id="fname" size="100%"
placeholder="Enter your first name"></td>
                </tr>
                <tr>
                    <td><label for="lname">Last Name: </label></td>
                    <td><input type="text" name="" id="lname" size="100%"
placeholder="Enter your last name"></td>
                </tr>
                <tr>
                    <td><label for="email">Email: </label></td>
                    <td><input type="email" name="" id="email" size="100%"
placeholder="It should contaim @"></td>
                </tr>
                <tr>
                    <td><label for="mobile">Mobile: </label></td>
                    <td><input type="number" name="" id="mobile"
maxlength="10" placeholder="Only 10 digits are allowed"></td>
                </tr>
                <tr>
                    <td><label for="gender">Gender: </label></td>
                    <td>
                        <input type="radio" name="" id="gender">
                        <label for="">Male</label>
                        <input type="radio" name="" id="gender">
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                <label for="">Female</label>
            </td>
        </tr>
        <tr>
            <td><label for="dob">Date Of Birth: </label></td>
            <td><input type="date" name="" id="dob"></td>
        </tr>
        <tr>
            <td><label for="address">Address: </label></td>
            <td><textarea name="" id="address" cols="30"
rows="10"></textarea></td>
        </tr>
        <tr>
            <td><label for="city">City: </label></td>
            <td><input type="text" name="" id="city"></td>
        </tr>
        <tr>
            <td><label for="pin">Area PIN: </label></td>
            <td><input type="text" name="" id="pin"></td>
        </tr>
        <tr>
            <td><label for="state">State: </label></td>
            <td><input type="text" name="" id="state"></td>
        </tr>
        <tr>
            <td><label for="qualification">Qualification:
</label></td>
            <td>
                <select name="" id="qualification">
                    <option value="">Select Qualification</option>
                    <option value="">12th/Diploma</option>
                    <option value="">Graduation</option>
                    <option value="">Post Graduation</option>
                </select>
            </td>
        </tr>
        <tr>
            <td><label for="specialization">Specialization:
</label></td>
            <td>
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                        <input type="checkbox" name=""
id="specialization">
                        <label for="">Computer Science</label>
                        <br>
                        <input type="checkbox" name=""
id="specialization">
                        <label for="">Information Technology</label>
                        <br>
                        <input type="checkbox" name=""
id="specialization">
                        <label for="">Computer Architecture</label>
                        <br>
                        <input type="checkbox" name=""
id="specialization">
                        <label for="">Tele Communication</label>
                    </td>
                </tr>
                <tr>
                    <td><label for="pass">Password: </label></td>
                    <td><input type="password" name="" id="pass"></td>
                </tr>
                <tr>
                    <td><input type="hidden" name=""></td>
                </tr>
                <tr>
                    <td><input type="submit" value="Register"
style="background-color: green; color: white;"></td>
                </tr>
            </table>
        </form>
    </fieldset>
</body>
</html>
```