Assignment 3

BatchCode: WBD-M3

Name: Tejal Manohar Shinde

```
<!DOCTYPE html>
<html lang="en">
  <meta charset="UTF-8">
  <title>Document</title>
  <h3 style="padding-left: 80%;color:brown;"><u>Student Registration
Form</u></h3>
  <fieldset style="background-color: rgb(218, 218, 218);" >
              <label for="fname">First Name: </label>
              <input type="text" name="" id="fname" size="100%"</pre>
<label for="lname">Last Name: </label>
              <input type="text" name="" id="lname" size="100%"
<label for="email">Email: </label>
              <input type="email" name="" id="email" size="100%"
<label for="mobile">Mobile: </label>
              <input type="number" name="" id="mobile"
<input type="radio" name="" id="gender">
                  <label for="">Male</label>
                  <input type="radio" name="" id="gender">
```

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```
<label for="">Female</label>
                 <label for="dob">Date Of Birth: </label>
                 <input type="date" name="" id="dob">
rows="10"></textarea>
                 <label for="city">City: </label>
                 <input type="text" name="" id="city">
                 <label for="pin">Area PIN: </label>
                 <input type="text" name="" id="pin">
                 <input type="text" name="" id="state">
                 <label for="qualification">Qualification:
                     <select name="" id="qualification">
                        <option value="">Select Qualification</option>
                        <option value="">12th/Diploma</option>
                        <option value="">Graduation</option>
                 <label for="specialization">Specialization:
```

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```
<input type="checkbox" name=""</pre>
id="specialization">
                     <label for="">Computer Science</label>
                     <input type="checkbox" name=""</pre>
id="specialization">
                     <label for="">Information Technology</label>
                     <input type="checkbox" name=""</pre>
id="specialization">
                     <label for="">Computer Architecture</label>
                     <input type="checkbox" name=""</pre>
id="specialization">
                     <label for="">Tele Communication</label>
                  <input type="password" name="" id="pass">
                  <input type="hidden" name="">
                 <input type="submit" value="Register"
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Output:



