



Code:

```
<!Doctype html>
<html>
  <head>
    <meta charset="UTF-8">
    <meta name="viewport" content="width=device-width,
initial-scale=1.0">
    <title>Form</title>
    <h1>Student Registration Form</h1>
    <style>
```

```

        .input-container input{
            padding : 5px;
            margin-left: 15px;
            margin-bottom: 10px;

        }
        .input-container label{
            text-transform: uppercase;
        }
        .input-container input[type="submit"]{
            margin-left:500px;
        }
        h1{
            text-align: center;
        }
        .input-container textarea{
            margin-left: 17px;
        }
        form{
            background-color: lightblue;
            margin: 100px;
            margin-top: 20px;
        }
</style>
</head>
<body>

<form >
    <div class="input-container">
        <table>
            <tr>
                <td><label for="fname">First Name</label></td>
                <td><input type="text" id="fname" name="fname"
placeholder="Enter your first name" maxlength="30" pattern="[a-zA-Z] *">
                <span>(max 30 characters a-z and A-Z)</span></td>
            </tr>
            <tr>
                <td><label for="lname">Last name</label></td>
                <td><input type="text" id="lname" name="lname"
placeholder="Enter your last name" maxlength="30" pattern="[a-zA-Z] *">
                <span>(max 30 characters a-z and A-Z)</span></td>
            </tr>

```

```

        <tr>
            <td><label for="DOB">Date of Birth</label></td>
            <td><input type="date" id="DOB" name="DOB"
placeholder="Enter you birthe date"></td>
        </tr>
        <tr>
            <td><label for="email">Email Id</label></td>
            <td><input type="email" id="email" name="email"
placeholder="Enter your email id"></td>
        </tr>
        <tr>
            <td><label for="mobile number">Mobile
number</label></td>
            <td><input type="text" id="mobile number" name="mobile
number" placeholder="Enter your mobile number">
                <span>(10 digit number)</span>
            </td>
        </tr>
        <tr>
            <td><label for="Gender">Gender</label></td>
            <td>
                <input type="radio" id="Female" name="Gender"
value="Female">
                <label for="Female">Female</label>
                <input type="radio" id="Male" name="Gender"
value="Male">
                <label for="Male">Male</label>
            </td>
        </tr>
        <tr>
            <td><label for="address">Address</label></td>
            <td><textarea id="address" name="address"
placeholder="Enter your address here ...."></textarea></td>
        </tr>
        <tr>
            <td><label for="city">City</label></td>
            <td><input type="text" id="city" name="city"
placeholder="Enter your city" maxlength="30" pattern="[a-zA-Z]*">
                <span>(max 30 characters a-z and
A-Z)</span>
            </td>
        </tr>
        <tr>

```

```

        <td><label for="pin">Pincode</label></td>
        <td><input type="text" id="pin" name="pin"
placeholder="Enter your pincode">
        <span>(6 digit number)</span>
        </td>
    </tr>
    <tr>
        <td><label for="state">State</label></td>
        <td><input type="text" id="state" name="state"
placeholder="Enter your state" maxlength="30" pattern="[a-zA-Z]*">
        <span>(max 30 characters a-z and
A-Z)</span>
        </td>
    </tr>
    <tr>
        <td><label for="country">Country</label></td>
        <td><input type="text" id="country"
name="country" placeholder="Enter your country"></td>
    </tr>
    <tr>
        <td><label for="hobbies">Hobbies</label></td>
        <td>
            <label for="Drawing">Drawing</label>
            <input type="checkbox" id="Drawing"
name="Hobbies">
            <label for="singing">singing</label>
            <input type="checkbox" id="singing"
name="Hobbies">
            <label for="dancing">Dancing</label>
            <input type="checkbox" id="dancing"
name="Hobbies">
            <label for="sketing">sketing</label>
            <input type="checkbox" id="sketing"
name="Hobbies">
            <label for="others">Others</label>
            <input type="checkbox" id="others"
name="Hobbies">
            <input type="text" id="others" name="Hobbies"
placeholder="Enter other hobbies">
        </td>
    </tr>
    <tr>
        <td><label>Qualification</label></td>

```

```

        <td>
            <table>
                <tr>
                    <th>St.No.Examination</th>
                    <th>Board</th>
                    <th>Percentage</th>
                    <th>Year of Passing</th>
                </tr>
                <tr>
                    <td><label for="Class X">Class
X</label></td>
                    <td><input type="text"
id="Class X" name="Class X">
                    <td><input type="text"
id="Class X" name="Class X">
                    <td><input type="text"
id="Class X" name="Class X">
                </tr>
                <tr>
                    <td><label for="Class
XII">Class XII</label></td>
                    <td><input type="text"
id="Class XII" name="Class XII">
                    <td><input type="text"
id="Class XII" name="Class XII">
                    <td><input type="text"
id="Class XII" name="Class XII">
                </tr>
                <tr>
                    <td><label
for="Graduation">Graduation</label></td>
                    <td><input type="text"
id="Graduation" name="Graduation">
                    <td><input type="text"
id="Graduation" name="Graduation">
                    <td><input type="text"
id="Graduation" name="Graduation">
                </tr>
                <tr>
                    <td><label
for="Masters">Masters</label></td>

```

```
 <td><input type="text" id="Masters" name="Masters">  <td><input type="text" id="Masters" name="Masters">  <td><input type="text" id="Masters" name="Masters"> </tr>  </table> </td> </tr>  <tr>  <td><label for="courses">Courses <br>Applied For</td> | | | |
```