**AIM:** Student Registration Form with HTML5 Validation

**CODE:**

<!DOCTYPE html>

<html>

<head>

<title>Student Feedback Form</title>

<style>

body {

margin: 0;

padding: 0;

font-family: Arial, sans-serif;

height: 100vh;

display: flex;

justify-content: center;

align-items: center;

background: linear-gradient(to bottom right, red, orange, yellow, green, blue, indigo, violet);

}

.form-container {

background-color: white;

padding: 30px;

border-radius: 10px;

box-shadow: 0 0 10px rgba(0,0,0,0.3);

width: 320px;

}

.form-container h2 {

text-align: center;

}

.form-container label {

font-weight: bold;

display: block;

margin-top: 10px;

}

.form-container input[type="text"],

.form-container input[type="tel"],

.form-container input[type="number"],

.form-container select {

width: 100%;

padding: 5px;

margin-top: 5px;

border: 1px solid #ccc;

border-radius: 4px;

}

.form-container .radio-group,

.form-container .checkbox-group {

margin-top: 10px;

}

.form-container input[type="submit"] {

width: 100%;

padding: 10px;

background-color: #4CAF50;

color: white;

border: none;

margin-top: 10px;

border-radius: 2px;

cursor: pointer;

}

.form-container input[type="submit"]:hover {

background-color: #45a049;

}

</style>

</head>

<body>

<div class="form-container">

<h2>Student Feedback Form</h2>

<form action="#" method="post">

<!-- Name -->

<label for="name">Name:</label>

<input type="text" id="name" name="name" required>

<!-- Phone Number -->

<label for="phone">Phone Number:</label>

<input type="tel" id="phone" name="phone" required>

<!-- Age -->

<label for="age">Age:</label>

<input type="number" id="age" name="age" required>

<!-- UID -->

<label for="uid">UID:</label>

<input type="text" id="uid" name="uid" required>

<!-- Department -->

<label for="department">Select Department:</label>

<select id="department" name="department" required>

<option value="">--Select--</option>

<option value="CSE-GENERAL">CSE-GENERAL</option>

<option value="AIT-CSE">AIT-CSE</option>

<option value="AIML">AIML</option>

<option value="AIDS">AIDS</option>

<option value="BIOTECH">BIOTECH</option>

</select>

<!-- FSD Session Rating -->

<label>How was the FSD session? (Rate 1 to 5):</label>

<div class="radio-group">

<input type="radio" name="rating" value="1" required> 1

<input type="radio" name="rating" value="2"> 2

<input type="radio" name="rating" value="3"> 3

<input type="radio" name="rating" value="4"> 4

<input type="radio" name="rating" value="5"> 5

</div>

<!-- Favorite Places -->

<label>Click your favorite places:</label>

<div class="checkbox-group">

<input type="checkbox" name="places" value="Mumbai"> Mumbai<br>

<input type="checkbox" name="places" value="Amritsar"> Amritsar<br>

<input type="checkbox" name="places" value="Chandigarh"> Chandigarh<br>

<input type="checkbox" name="places" value="Pathankot"> Pathankot<br>

<input type="checkbox" name="places" value="Delhi"> Delhi

</div>

<!-- Submit Button -->

<input type="submit" value="Submit">

</form>

</div>

</body>

</html>

**OUTPUT:**