

Student Registration form	
First Name	<input type="text"/>
Last Name	<input type="text"/>
Gender	Male <input type="radio"/> Female <input type="radio"/>
Email	<input type="text"/>
Password	<input type="password"/>
Confirm password	<input type="password"/>
Website	<input type="text"/>
Qualification	10th <input type="radio"/> 12th <input type="radio"/> Graduation <input checked="" type="radio"/>
Address 1	<input type="text"/>
Address 2	<input type="text"/>
Country	Select your country ▼
City	Select your City ▼
Phone Number	<input type="text"/>
Message	<input type="text"/>
Hobbies	hobby1 <input type="checkbox"/> hobby2 <input type="checkbox"/> hobby3 <input type="checkbox"/>
DOB	<input type="text" value="dd - mm - yyyy"/>
Upload Your Pic	<input type="button" value="Choose File"/> No file chosen
<input type="button" value="Submit"/>	