## 231FA04957 A.Sathwik

| <head></head>   | <pre><label for="checkbox">Language:</label></pre>       |
|---|--|
| <meta charset="utf-8"/>   | <input type="Checkbox"/> Telugu <input type="checkbox"/> |
| <h1> School Admission Form</h1>   | English <input type="checkbox"/> Hindi                   |
|   | <label for="file">add File:</label>                      |
| <body></body>   | <input type="file"/>                                     |
| <forms></forms>   | <label for="color">Fav Colour:</label>                   |
| <label for="name">First Name:</label>   | <input type="color"/>                                    |
| <input name:="text" type=""/>   | <label for="Time">Class Timings:</label>                 |
| <label for="name">Last Name:</label>  | <input type="Time"/>                                     |
| <input name:="text" type=""/>   | <label for="passwrd">password:</label>                   |
| <label for="name">email add:</label>  | <input type="password"/>                                 |
| <input name:="email" type=""/>  | <h2>Home address</h2>                                    |
| <label for="male">Gender:</label>   | <label for="name">City/Town:</label>                     |
| <input type="radio"/> Male <input< td=""><td><input type="text"/></td></input<> | <input type="text"/>                                     |
| type="radio">Female<br><br><br><br><br>   | <label for="number">Street:</label>                      |
| < abel for="Date of birth"> Age :   | <input type="text"/>                                     |
| <input type="date"/>  | <input type="reset"/>                                    |
| <label for="number">Number:</label>   | <input type="submit"/>                                   |
| <input type="number"/>  |  |
|   |  |

## **School Admission Form**

| First Name:  |
|--|
| Last Name:   |
| email add:   |
| Gender: ○ Male ○ Female  |
| $Age: \begin{tabular}{ll} dd-mm-yyyy & \hline \blacksquare \\ \end{tabular}$ |
| Number:  |
| Language: 🗆 Telugu 🗆 English 🗆 Hindi   |
| add File: Choose File No file chosen   |
| Fav Colour:  |
| Class Timings:: ©  |
| password:  |
|  |

## Home address

| City/Town:   |  |
|--------------|--|
| Street:      |  |
| Reset Submit |  |