

```
<!DOCTYPE html>
<html>
<head>
<meta name="viewport"
content="width=device-width,
initial-scale=1">
<style>
body{
    font-family: Calibri,
Helvetica, sans-serif;
    background-color:yellow;
}
.container {
    padding: 50px;
    background-color: blue;
}

input[type=text],
input[type=password], textarea
{
    width: 100%;
    padding: 15px;
    margin: 5px 0 22px 0;
    display: inline-block;
    border: none;
    background: #f1f1f1;
}
input[type=text]:focus,
input[type=password]:focus {
    background-color: pink;
```

```
    outline: none;
}
div {
    padding: 10px 0;
}
hr {
    border: 1px solid #f1f1f1;
    margin-bottom: 25px;
}
.registerbtn {
    background-color: #4CAF50;
    color: white;
    padding: 16px 20px;
    margin: 8px 0;
    border: none;
    cursor: pointer;
    width: 100%;
    opacity: 0.9;
}
.registerbtn:hover {
    opacity: 1;
}
</style>
</head>
<body>
<form>
    <div class="container">
        <center> <h1> Student
Registration Form </h1>
</center>
```

```
<hr>
<p> Registration of a student
for an online TCS exam</p>
  <label> First Name </label>
```

```
<input type="text"
name="firstname" placeholder=
"Firstname" size="15" required
/>
<label> Middle Name: </label>
```

```
<input type="text"
name="middlename"
placeholder="Middle Name"
size="15" required />
<label> Last Name: </label>
<input type="text"
name="lastname"
placeholder="Last Name"
size="15"required />
<label> Roll No: </label>
<input type="text" name="roll
no" placeholder="Roll No"
size="15"required />
<label> Father Name: </label>
```

```
<input type="text" name="father
name" placeholder=" Father
Name" size="15"required />
<label> Mother Name: </label>
```

```
<input type="text" name="mother
Name" placeholder="Mother Name"
size="15"required />
  < label> Aadhar Number:
</label>
<input type="text" name="aadhar
number" placeholder="Aadhar
Number" size="15"required />
<div>
  < label> Image: </label>
<input type="image"
src="img_submit.gif"
alt="submit"
style="text-align:
right;15px;">
</div>
```

```
<div>
<label>
Qualification :
</label>
```

```
<select>
<option
value="Qualification">Qualifica
tion</option>
<option
```

```
value="BCA">BCA</option>
<option
value="BBA">BBA</option>
<option
value="B.Tech">B.Tech</option>
```

```
<option
value="MBA">MBA</option>
<option
value="MCA">MCA</option>
<option
value="M.Tech">M.Tech</option>
```

```
</select>
```

```
</div>
```

```
<div>
```

```
<label>
```

```
CGPA:
```

```
</label>
```

```
<input type="text" name="X
-CGPA"placeholder="X-CGPA"size=
"3"/>
```

```
<input type="text"
name="XII-CGPA"placeholder="XII
-CGPA"size="3"/>
```

```
</div>
```

```
<div>
```

```
<label for ="file">Resume file
to upload</label>
```

```
<input type="file" id ="file"
```

```
name="file" multiple>
</div>
<label>
Gender :
</label><br>
<input type="radio"
value="Male" name="gender"
checked > Male
<input type="radio"
value="Female" name="gender">
Female
<input type="radio"
value="Other" name="gender">
Other
```

```
</div>
<label>
Phone :
</label>
<input type="text"
name="country code"
placeholder="Country Code"
value="+91" size="2"/>
<input type="text" name="phone"
placeholder="phone no."
size="10"/ required>
Current Address :
<textarea cols="80" rows="5"
placeholder="Current Address"
value="address" required>
```

```
</textarea>
  <label
for="email"><b>Email</b></label>
>
  <input type="text"
placeholder="Enter Email"
name="email" required>

    <label
for="psw"><b>Password</b></label>
1>
    <input type="password"
placeholder="Enter Password"
name="psw" required>

    <label
for="psw-repeat"><b>Re-type
Password</b></label>
    <input type="password"
placeholder="Retype Password"
name="psw-repeat" required>
    <button type="submit"
class="registerbtn">Register</b
utton>
</form>
</body>
</html>
```