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<!DOCTYPE html>
<!DOCTYPE html>
<html lang="en">
<head>
  <meta charset="UTF-8">
  <meta http-equiv="X-UA-Compatible" content="IE=edge">
  <meta name="viewport" content="width=device-width, initial-scale=1.0">
  <title>Output</title>
</head>
<body>
  <form action="">
    <h1>Payment Form</h1>
    <p>Required Fields are followed by *</p>
    <h2>Contact Information</h2>
    <p>Name: * <input type="text" name="name" id="neme" required> </p>
    <fieldset>
      <legend>Gender *</legend>
      <p>
        Male <input type="radio" name="Gender" id="male" required>
        Female <input type="radio" name="Gender" id="female" required>
      </p>
    </fieldset>
    <p>Address: * <textarea name="address" id="address" cols="100" rows="10" required></textarea> </p>
    <p>Email: * <input type="email" name="email" id="email" required> </p>
    <p>Pincode: * <input type="number" name="pincode" id="incode" required> </p>
    <hr>
    <h2>Payment Information</h2>
    <p>
      Card Tpye: *
      <select name="card_type" id="card_type" required>
        <option value="">--Select a Card Tpye</option>
        <option value="visa">Visa</option>
        <option value="rupay">Rupay</option>
        <option value="mastercard">Master Card</option>
      </select>
    </p>
    <p>Card Number: * <input type="number" name="cardnumber" id="cardnumber" required></p>
    <p>Expiration Date: * <input type="date" name="Ext_date" id="Exp_date" required> </p>
    <p>CVV: * <input type="password" name="cvv" id="cvv" required></p>
    <p><input type="submit" value="Pay Now"></p>
  </form>
</body>
</html>
```

O/p,

Practise

Output

Notes According to OutPut

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File | E:/AK/Study/Programming%20Languages/Apana%20college/Web%20development/GitHub1/Web_Development/output.html

Apps Gmail YouTube Maps Notes for program...

Reading list

Payment Form

Required Fields are followed by *

Contact Information

Name: *

Gender *

Male ☐ Female ☐

Address: *

Email: *

Pincode: *

Payment Information

Card Tpye: *

--Select a Card Tpye

Card Number: *

Expiration Date: *

dd-mm-yyyy

CVV: *