<html>

<head>

<title>Student Registration Form</title>

</head>

<body>

<h3>STUDENT REGISTRATION FORM</h3>

<table align="center" cellpadding = "10">

<!----- First Name ---------------------------------------------------------->

<tr>

<td>FIRST NAME</td>

<td><input type="text" name="First\_Name" maxlength="30"/>

(max 30 characters a-z and A-Z)

</td>

</tr>

<!----- Last Name ---------------------------------------------------------->

<tr>

<td>LAST NAME</td>

<td><input type="text" name="Last\_Name" maxlength="30"/>

(max 30 characters a-z and A-Z)

</td>

</tr>

<!----- Date Of Birth -------------------------------------------------------->

<tr>

<td>DATE OF BIRTH</td>

<td>

<select name="Birthday\_day" id="Birthday\_Day">

<option value="-1">Day:</option>

<option value="1">1</option>

<option value="2">2</option>

<option value="3">3</option>

<option value="4">4</option>

<option value="5">5</option>

<option value="6">6</option>

<option value="7">7</option>

<option value="8">8</option>

<option value="9">9</option>

<option value="10">10</option>

<option value="11">11</option>

<option value="12">12</option>

<option value="13">13</option>

<option value="14">14</option>

<option value="15">15</option>

<option value="16">16</option>

<option value="17">17</option>

<option value="18">18</option>

<option value="19">19</option>

<option value="20">20</option>

<option value="21">21</option>

<option value="22">22</option>

<option value="23">23</option>

<option value="24">24</option>

<option value="25">25</option>

<option value="26">26</option>

<option value="27">27</option>

<option value="28">28</option>

<option value="29">29</option>

<option value="30">30</option>

<option value="31">31</option>

</select>

<select id="Birthday\_Month" name="Birthday\_Month">

<option value="-1">Month:</option>

<option value="January">Jan</option>

<option value="February">Feb</option>

<option value="March">Mar</option>

<option value="April">Apr</option>

<option value="May">May</option>

<option value="June">Jun</option>

<option value="July">Jul</option>

<option value="August">Aug</option>

<option value="September">Sep</option>

<option value="October">Oct</option>

<option value="November">Nov</option>

<option value="December">Dec</option>

</select>

<select name="Birthday\_Year" id="Birthday\_Year">

<option value="-1">Year:</option>

<option value="2012">2012</option>

<option value="2011">2011</option>

<option value="2010">2010</option>

<option value="2009">2009</option>

<option value="2008">2008</option>

<option value="2007">2007</option>

<option value="2006">2006</option>

<option value="2005">2005</option>

<option value="2004">2004</option>

<option value="2003">2003</option>

<option value="2002">2002</option>

<option value="2001">2001</option>

<option value="2000">2000</option>

<option value="1999">1999</option>

<option value="1998">1998</option>

<option value="1997">1997</option>

<option value="1996">1996</option>

<option value="1995">1995</option>

<option value="1994">1994</option>

<option value="1993">1993</option>

<option value="1992">1992</option>

<option value="1991">1991</option>

<option value="1990">1990</option>

<option value="1989">1989</option>

<option value="1988">1988</option>

<option value="1987">1987</option>

<option value="1986">1986</option>

<option value="1985">1985</option>

<option value="1984">1984</option>

<option value="1983">1983</option>

<option value="1982">1982</option>

<option value="1981">1981</option>

<option value="1980">1980</option>

</select>

</td>

</tr>

<!----- Email Id ---------------------------------------------------------->

<tr>

<td>EMAIL ID</td>

<td><input type="text" name="Email\_Id" maxlength="100" /></td>

</tr>

<!----- Mobile Number ---------------------------------------------------------->

<tr>

<td>MOBILE NUMBER</td>

<td>

<input type="text" name="Mobile\_Number" maxlength="10" />

(10 digit number)

</td>

</tr>

<!----- Gender ----------------------------------------------------------->

<tr>

<td>GENDER</td>

<td>

Male <input type="radio" name="Gender" value="Male" />

Female <input type="radio" name="Gender" value="Female" />

</td>

</tr>

<!----- Address ---------------------------------------------------------->

<tr>

<td>ADDRESS <br /><br /><br /></td>

<td><textarea name="Address" rows="4" cols="30"></textarea></td>

</tr>

<!----- City ---------------------------------------------------------->

<tr>

<td>CITY</td>

<td><input type="text" name="City" maxlength="30" />

(max 30 characters a-z and A-Z)

</td>

</tr>

<!----- Pin Code ---------------------------------------------------------->

<tr>

<td>PIN CODE</td>

<td><input type="text" name="Pin\_Code" maxlength="6" />

(6 digit number)

</td>

</tr>

<!----- State ---------------------------------------------------------->

<tr>

<td>STATE</td>

<td><input type="text" name="State" maxlength="30" />

(max 30 characters a-z and A-Z)

</td>

</tr>

<!----- Country ---------------------------------------------------------->

<tr>

<td>COUNTRY</td>

<td><input type="text" name="Country" value="India" readonly="readonly" /></td>

</tr>

<!----- Hobbies ---------------------------------------------------------->

<tr>

<td>HOBBIES <br /><br /><br /></td>

<td>

Drawing

<input type="checkbox" name="Hobby\_Drawing" value="Drawing" />

Singing

<input type="checkbox" name="Hobby\_Singing" value="Singing" />

Dancing

<input type="checkbox" name="Hobby\_Dancing" value="Dancing" />

Sketching

<input type="checkbox" name="Hobby\_Cooking" value="Cooking" />

<br />

Others

<input type="checkbox" name="Hobby\_Other" value="Other">

<input type="text" name="Other\_Hobby" maxlength="30" />

</td>

</tr>

<!----- Qualification---------------------------------------------------------->

<tr>

<td>QUALIFICATION <br /><br /><br /><br /><br /><br /><br /></td>

<td>

<table>

<tr>

<td align="center"><b>Sl.No.</b></td>

<td align="center"><b>Examination</b></td>

<td align="center"><b>Board</b></td>

<td align="center"><b>Percentage</b></td>

<td align="center"><b>Year of Passing</b></td>

</tr>

<tr>

<td>1</td>

<td>Class X</td>

<td><input type="text" name="ClassX\_Board" maxlength="30" /></td>

<td><input type="text" name="ClassX\_Percentage" maxlength="30" /></td>

<td><input type="text" name="ClassX\_YrOfPassing" maxlength="30" /></td>

</tr>

<tr>

<td>2</td>

<td>Class XII</td>

<td><input type="text" name="ClassXII\_Board" maxlength="30" /></td>

<td><input type="text" name="ClassXII\_Percentage" maxlength="30" /></td>

<td><input type="text" name="ClassXII\_YrOfPassing" maxlength="30" /></td>

</tr>

<tr>

<td>3</td>

<td>Graduation</td>

<td><input type="text" name="Graduation\_Board" maxlength="30" /></td>

<td><input type="text" name="Graduation\_Percentage" maxlength="30" /></td>

<td><input type="text" name="Graduation\_YrOfPassing" maxlength="30" /></td>

</tr>

<tr>

<td>4</td>

<td>Masters</td>

<td><input type="text" name="Masters\_Board" maxlength="30" /></td>

<td><input type="text" name="Masters\_Percentage" maxlength="30" /></td>

<td><input type="text" name="Masters\_YrOfPassing" maxlength="30" /></td>

</tr>

<tr>

<td></td>

<td></td>

<td align="center">(10 char max)</td>

<td align="center">(upto 2 decimal)</td>

</tr>

</table>

</td>

</tr>

<!----- Course ---------------------------------------------------------->

<tr>

<td>COURSES<br />APPLIED FOR</td>

<td>

BCA

<input type="radio" name="Course\_BCA" value="BCA">

B.Com

<input type="radio" name="Course\_BCom" value="B.Com">

B.Sc

<input type="radio" name="Course\_BSc" value="B.Sc">

B.A

<input type="radio" name="Course\_BA" value="B.A">

</td>

</tr>

<!----- Submit and Reset ------------------------------------------------->

<tr>

<td colspan="2" align="center">

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

<input type="reset" value="Reset">

</td>

</tr>

</table>

</form>

</body>

</html>

Student registration form css code

h3{

font-family: Calibri;

font-size: 25pt;

font-style: normal;

font-weight: bold;

color:SlateBlue;

text-align: center;

text-decoration: underline

}

table{

font-family: Calibri;

color:white;

font-size: 11pt;

font-style: normal;

font-weight: bold;

text-align:;

background-color: SlateBlue;

border-collapse: collapse;

border: 2px solid navy

}

table.inner{

border: 0px

}