S1

```html
<body>
<form action = "thank.html" method="POST">
<label for = "name"> Name : </label>
<input type = "text" id= "name" name = "Name">
    <br><br>
<label for = "Address"> Address : </label>
<textarea id = "Address" name = "Address" row="3"
    cols = "5"></textarea>
    <br><br>
<label for = "Password">Password : </label>
<input type = "Password" id= "Pwd" name="Pwd"
    minlength = "8">
    <br><br>
<label for = "DOB"> Date of Birth: <label>
<select name = "DOB" id = "DOB">
    <option value= "1"> 1 </option>
    <option value = "2" >2 </option>
            ⋮
    <option value = "31"> 31 </option>
</select>
<select id= "DOB_Month" name = "DOBMonth">
    <option value = "-1">Month: </option>
    <option value = "JANUARY">JAN</option>
            ⋮
```

```html
<option value="DECEMBER">DEC </option>
</select>
<select name="Birth_Year" id="Birth_year">
   <option value="-1">year:</option>
   <option value="2018">2018 </option>
   <option value="2019">2019 </option>
                  ;
                  ;
                  ;
   <option value="2021">2021</option>
</select>
            <br><br>
<label for=Gender"> Gender: <label>
   <input type="radio" name="m">Male
   <input type="radio" name="F">female
            <br><br>
<label for="Hobbies">Hobbies: </label>
   <input type="checkbox"> Playing
   <input type="checkbox"> dancing
   <input type="checkbox"> Singing.
   <button type="submit" value="Submit"/>
<label for="RESET FORM"> Clear: </label>
   <button type="submit" value="Reset">
</form>
</body>
```

Thanking Page

```
<!.DOCTYPE html>
   <html>
   <title> Thank You </title>
   <body>
    <h1> Thank You</h1>
    <h3> Form has been Submitted </h3>
   </body>
   </html>
```

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