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<html>
<head>
<title>College Registration Form</title>
</head>
<body bgcolor=yellow>
<h1 style="text-align:center;">College Registration Form</h1>
<section style="position:relative;left:500px;">
<label>First Name</label>
<input type="text" placeholder="First Name"><br>
<label>Last Name</label>
<input type="text" placeholder="Last Name"><br>
<label>Date of birth</label>
<input type="date" placeholder="date of birth"><br>
<label>Fathers Name</label>
<input type="text" placeholder="Fathers Name"><br>
<label>Occupation</label>
<input type="text" placeholder="Occupation"><br>
<label>Mothers Name</label>
<input type="text" placeholder="Mothers Name"><br>
<label>Occupation</label>
<input type="text" placeholder="Occupation"><br>
<br>
<label>Select Course</label>
<select>
<option value="BCA">BCA</option>
<option value="Mech">Mech</option>
<option value="Civil">Civil</option>
<option value="CSE">CSE</option>
<option value="BBA">BBA</option>
<option value="Bse">BSe</option>
<option value="Bcom">Bcom</option>
<option value="BA English">BA English</option>
</select><br>
<br>
<label>Gender</label>
<select>
<option value="Male">Male</option>
<option value="Female">Female</option>
<option value="Other">Other</option>

</select><br>
<br>
<label>Religion</label>
<input type="text" placeholder="Religion"><br>
<label>Caste</label>
<select>
<option value="General">General</option>
<option value="SC/ST">SC/ST</option>
<option value="OBC">OBC</option>
<option value="Others">Others</option>
</select><br>
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<label>Email</label>
<input type="email" placeholder="Email"><br>
<label>Contact Number</label>
<input type="number" placeholder="Phone Number"><br>
<label>Alternate Contact number</label>
<input type="number" placeholder=" Alternate Phone Number"><br>
<label>Residential address</label>
<textarea rows="4" cols="30">
</textarea><br>
<label>Permanent address</label>
<textarea rows="4" cols="30">>
</textarea><br>
<label>Nationality</label>
<input type="text" placeholder="Country"><br>
<label>State</label>
<input type="text" placeholder="State"><br>
<label>District</label>
<input type="text" placeholder="District"><br>
<label>PIN Code</label>
<input type="number" placeholder="PIN"><br>
<br>
<h2>Qualifications</h2>
<label><b>10 th</b></label><br>
<br>
<label>Name of School</label>
<input type="text" placeholder="Name of School"><br>
<label>Place</label>
<input type="text" placeholder="Place"><br>

<label>State/cbse/icse</label>
<select>
<option value="State">State</option>
<option value="Cbse">Cbse</option>
<option value="icsee">icsee</option>

</select><br>
<label>Marks in percentage or grade </label>
<select>
<option value="Percentage">Percentage</option>
<option value="Grade">Grade</option>
</select><br>
<input type="number" placeholder="Marks"><br>
<label>Scanned certificate</label>
<input type="file" placeholder="10th certificate"><br>
<br>
<label><b>12 th</b></label><br>
<br>
<label>Name of School</label>
<input type="text" placeholder="School Name"><br>
<label>Place</label>
<input type="text" placeholder="Place"><br>

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<label>State/cbse/icse</label>
<select>
<option value="State">State</option>
<option value="Cbse">Cbse</option>
<option value="Icse">icse</option>

</select><br>
<label>Stream</label>
<input type="text" placeholder="Stream"><br>

<label>Marks in percenatge or grade</label>
<select>
<option value="Percentage">Percentage</option>
<option value="Garde">Grade</option>
</select><br>
<input type="number" placeholder="Marks"><br>
<label>Scanned certificate</label>
<input type="file" placeholder="10th certificate"><br>
<br>
<br>
<button style="background-color:white;">
SUBMIT
</button>
</section>
</body>
</html>
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