NAME: ARCHIT VERMA

Roll no. 2428cse1856S

Section: CSE ‘B’

Mobile : 7900974176

Experiment 4: Student Registration Form

Code:

<html>

<head>

<title>Registration Form</title>

<head>

<body bgcolor="yellow">

<h1 align="center"> Student Registration Form</h1>

<form>

First Name:

<input type ="text" placeholder="Type your name">

Last Name:

<input type="text" placeholder="User Last Name"><br>

Branch:

<input type="text" placeholder="Branch"><br>

Section:

<label for="101">

<input type ="radio" value="A" name="section" id="101">A

</label>

<label for="102">

<input type ="radio" value ="B" name="section" id="102"> B</label>

<label for="103">

<input type="radio" value="C" name="section" id="103"> C</label>

<label for="104">

<input type ="radio" value="D" name="section" id="104">D</label>

<BR>Subjects:<BR>

<label for ="Mathematics">

<input type="checkbox" value="Mathematics" name="subject">Mathematics</label><br>

<label for ="Physics">

<input type="checkbox" value="Physics" name="subject">Physics</label><br>

<label for ="Chemistry">

<input type="checkbox" value="Chemistry" name="subject">Chemitry</label><br>

<label for ="PPS">

<input type="checkbox" value="PPS" name="subject">PPS</label><br>

<label for ="Computer Science">

<input type="checkbox" value="Computer Science" name="subject">Computer Science</label><br>

<label for ="D and R">

<input type="checkbox" value="D and R" name="subject">D and R</label><br>

<label for ="CO & LD">

<input type="checkbox" value="CO & LD" name="subject">CO & LD</label><br>

Mail ID:<br>

<input type= "text"><br>

Password:<br>

<input type="Password"><BR>

Gender:<br>

<select name="gender">

<option value="Female">Female</option>

<option value="male">Male</option>

<option value="Other">Other</option>

<br>

<br>

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

</form>

**Output:**

**A yellow rectangular object with text

Description automatically generated**