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1 <!DOCTYPE html>
2 <html lang="en">
3 <head>
4     <meta charset="UTF-8">
5     <meta name="viewport" content="width=device-width, initial-scale=1.0">
6     <title>VMC HTML - Class 10</title>
7 </head>
8 <body>
9     <h1 align="center">Testing Form</h1>
10    <form>
11        <fieldset>
12            <legend><b>Personal Details</b></legend>
13            <label for="name">Name: </label>
14            <input name="name" id="name" required placeholder="Enter name here">
15            <br>
16            <br>
17            <label for="dob">Date of Birth: </label>
18            <input name="dob" id="dob" type="date">
19            <br>
20            <br>
21            <label for="gender">Gender: &nbsp; &nbsp; &nbsp; </label>
22            Male
23            <input type="radio" name="gender" id="gender">
24            Female
25            <input type="radio" name="gender" id="gender">
26            Other
27            <input type="radio" name="gender" id="gender">
28            <br>
29            <br>
30            <label for="mname">Mother's name: </label>
31            <input name="mname" id="mname" required placeholder="Enter name here">
32            <br>
33            <br>
34            <label for="fname">Father's name: </label>
35            <input name="fname" id="fname" required placeholder="Enter name here">
36            <br>
37            <br>
38            <label for="add">Address: </label>
39            <input name="add" id="fadd" required placeholder="Enter address here">
40        </fieldset>
41        <br>
42        <fieldset>
43            <legend><b>Contact Information</b></legend>
44            <label for="tel">Phone Number: +91 </label>
45            <input name="tel" id="tel" type="tel" placeholder="XXXXX12345 (Indian numbers only)">
46            <br>
47            <br>
48            <label for="email">Email: </label>
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50     <input name="email" id="email" type="email" placeholder="abc@xyz.com">
51     <br>
52     <br>
53     <label for="pass">Password: </label>
54     <input type="password" name="pass" id="pass" placeholder="Password (You'll be signed in)">
55 </fieldset>
56 <br>
57 <fieldset>
58     <legend><b>Education Details</b></legend>
59     <label for="roll">Roll Number: </label>
60     <input type="number" name="roll" id="roll">
61     <br>
62     <br>
63     <label for="class">Class: </label>
64     <select name="class" id="class">
65         <option value="nur">Nursery</option>
66         <option value="kg">K.G.</option>
67         <option value="perp">Prep</option>
68         <option value="I">I</option>
69         <option value="II">II</option>
70         <option value="III">III</option>
71         <option value="IV">IV</option>
72         <option value="V">V</option>
73         <option value="VI">VI</option>
74         <option value="VII">VII</option>
75         <option value="VIII">VIII</option>
76         <option value="IX">IX</option>
77         <option value="X">X</option>
78         <option value="XI">XI</option>
79         <option value="XII">XII</option>
80     </select>
81     <br>
82     <br>
83     <label for="steam">If you are in class XI, select your steam: </label>
84     <input type="radio" name="steam" id="steam">
85     Science
86     <select name="class" id="class">
87         <option value="ifsci">Select</option>
88         <option value="pcb">PCB</option>
89         <option value="pcm">PCM</option>
90         <option value="pcmb">PCMB</option>
91     </select>
92     <input type="radio" name="steam" id="steam">
93     Commerce
94     <input type="radio" name="steam" id="steam">
95     Arts
96     <br>
97     <br>

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98     <label for="school">School Name: </label>
99     <input type="text" name="school" id="school" placeholder="abc xyz School">
100     <br>
101     <label for="slc">School Leaving Certificate (if any): </label>
102     <input type="file" name="slc" id="slc">
103     <br>
104     <br>
105     <label for="coaching">Coaching/Tuition Name (if any): </label>
106     <input type="text" name="coaching" id="coaching">
107 </fieldset>
108 <br>
109 <fieldset>
110     <legend><b>Interests</b></legend>
111     <label for="color">Favourite color: </label>
112     <input type="color" name="color" id="color">
113     <br>
114     <br>
115     <label for="subject">Favourite Subject: </label>
116     <select name="subject" id="subject">
117         <option value="bio">Select</option>
118         <option value="bio">Biology</option>
119         <option value="chem">Chemistry</option>
120         <option value="civ">Civics</option>
121         <option value="cs">Computer Science</option>
122         <option value="eco">Economics</option>
123         <option value="eng">English</option>
124         <option value="geo">Geography</option>
125         <option value="hin">Hindi</option>
126         <option value="his">History</option>
127         <option value="it">Information Technology</option>
128         <option value="maths">Mathematics</option>
129         <option value="pcb">PCB (Physics+Chemistry+Biology)</option>
130         <option value="pcm">PCM (Physics+Chemistry+Mathematics)</option>
131         <option value="pcmb">PCMB (Physics+Chemistry+Mathematics+Biology)</option>
132         <option value="phy">Physics</option>
133         <option value="sci">Science (Biology+Chemistry+Physics)</option>
134         <option value="sst">Social Studies (Civics+Economics+History+Geography)</option>
135     </select>
136 </fieldset>
137 <br>
138 <fieldset>
139     <legend><b>Social Handles</b></legend>
140     <label for="ig">Instagram (if any): </label>
141     <input type="text" name="ig" id="ig">
142     <br>
143     <br>
144     <label for="tw">Twitter (if any): </label>
145

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146     <input type="text" name="tw" id="tw">
147     <br>
148     <label for="yt">YouTube channel (if any): </label>
149     <input type="text" name="yt" id="yt">
150 </fieldset>
151 <br>
152 <fieldset>
153     <legend><b>Date-time</b></legend>
154     <label for="date">Date (when submitting form): </label>
155     <input type="date" id="date" name="date">
156     <br>
157     <br>
158     <label for="time">Time (when submitting form): </label>
159     <input type="time" id="time" name="time">
160 </fieldset>
161 <br>
162 <input type="submit" value="Submit Form">
163 </form>
164 </body>
165 </html>
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