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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 - Homework 8</title>
7 </head>
8 <body bgcolor="#a4b0bd">
9     <h1>My Biodata</h1>
10    <form>
11        <fieldset>
12            <legend><h3>PERSONAL DETAILS</h3></legend>
13            <b><label for="fname">First Name: </label></b>
14            <input type="text" name="fname" id="fname" placeholder="First Name" required>
15            <b><label for="lname">Last Name: </label></b>
16            <input type="text" name="lname" id="lname" placeholder="Last Name" required>
17            <br>
18            <br>
19            <b><label for="gender">Gender: &nbsp; &nbsp; &nbsp; </label></b>
20            Male
21            <input type="radio" name="gender" id="gender" required>
22            Female
23            <input type="radio" name="gender" id="gender" readonly>
24            Other
25            <input type="radio" name="gender" id="gender" required>
26            <br>
27            <br>
28            <b><label for="dob">Date of Birth: </label></b>
29            <input type="date" name="dob" id="dob" required>
30            <br>
31            <br>
32            <b><label for="email">Email ID: </label></b>
33            <input type="email" name="email" id="email" placeholder="abce@email.com" required>
34            <br>
35            <br>
36            <b><label for="mob">Phone Number: </b>+91</label>
37            <input type="tel" name="mob" id="mob" placeholder="XXXXX12345" required>
38            <br>
39            <br>
40            <b><label for="height">Height: </label></b>
41            <input type="text" name="text" id="text" required>
42            <br>
43        </fieldset>
44        <fieldset>
45            <legend><h3>EDUCATION</h3></legend>
46            <b><label for="school">School: </label></b>
47            <input type="text" name="school" id="school" placeholder="Your School Name" required>
48            <br>
49
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50     <br>
51     <b><label for="class">Class: </label></b>
52     <input type="number" name="class" id="class" placeholder="Your Class" required>
53     <br>
54     <b><label for="stream">Stream: </label></b>
55     <select name="stream" id="stream">
56         <option value="stream">Select Your Stream</option>
57         <option value="pcm">PCM</option>
58         <option value="pcb">PCB</option>
59         <option value="pcmb">PCMB</option>
60         <option value="arts">Arts</option>
61         <option value="commerce">Commerce</option>
62     </select>
63     <br>
64     <br>
65     <b><label for="marksheet">Marksheet: </label></b>
66     <input type="file" name="marksheet" id="marksheet">
67     <br>
68 </fieldset>
69 <br>
70 <input type="submit">
71 </form>
72 </body>
73 </html>
```