Programm 4:REGISTRATION FORM

```
<html>
<head>
<title>
</title>
<body>
<B><center>REGISTRATION FORM</center></B>
<br>
<br>
<label for="username">FIRST NAME:</label>
>
<input type="text" name="fname"><br>
>
<label for="username"> LAST NAME:</label>
>
<input type="text" name="name"><br>
<label for="mobile">MOBILE:</label>
<input type="text" name="mobile"><br>
>
<label for="address">ADDRESS:
<input type="text" name="address"><br>
<label for="gender">GENDER:</label>
<input type="radio" id="male" name="gender" value="male">
 <label for="male">MALE</label>
 <input type="radio" id="female" name="gender" value="female">
 <label for="female">FEMALE</label>
 <input type="radio" id="other" name="gender" value="other">
<label for="other">OTHER</label>
CATEGORY:
<select>
<option value="OBC">OBC
<option value="OEC">OEC
<option value="GENARAL">GENARAL
<option value="SC/ST">SC/ST
</select>
HOBBIES:
<input type="checkbox">playing game</input>
<input type="checkbox">reading</input>
```

```
<input type="checkbox">watching TV</input>

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

