# Create an admission form

<html>

<head>

<tittle>Student Admission Form</tittle>

</head>

<body>

<h2 style="text-align:centre;">Amal jyothi college of engineering</h2>

<h2 style="text-align:centre;">student admiision form</h2>

<table align="centre"cellpadding="10">

<!---------first name----------->

<tr>

<td>first name</td>

<td><input type="text"name="firstname"maxlength="50"/>

</td>

</tr>

<!-----------last name--------->

<tr>

<td><input type="text"name="lastname"maxlength="50"/>

</td>

</tr>

<!-----------Emailid------------->

<tr>

<td>Emailid</td>

<td>input type="email"name="Emailid"maxlength="100"/></td>

</tr>

<!------------Mobile number-------->

<tr>

<td>Mobile Number</td>

<td>

<input type="text"name="Mobbile Number" maxlength="10"/>

</td>

</tr>

<!---------------Gender------------>

<tr>

<td>Gender</td>

<td>

<input type="radio"name="Gender"value="male"/>

male

<input type="radio"name="Gender"value="female"/>

female

</td>

</tr>

<!--------------Course prefered--------->

<tr>

<td>Course prefered</td>

<td>

<input type="radio"name="Course prefered"value="B TECH"/>

B TECH

<input type="radio"name="Course prefered"value="MCA"/>

MCA

</td>

</tr>

<!---------------Date of birth------------>

<tr>

<td>Date of Birth(DOB)</td>

<td>

<form action="/action\_page.php">

<label for="Birthday">.BirthDay:</label>

<input type="date"id="Birthday"

name="Birthday">

<input type="submit">

</form>

</select>

</td>

</tr>

<!----------------Address----------------->

<tr>

<td>Address<br /><br /><br /></td>

<td><textarea name="Address" rows="10" cols="50"></textarea></td>

</tr>

<!-------------------------- City ------------------------------------->

<tr>

<td>City</td>

<td><input type="text" name="City" maxlength="50"/>

</td>

</tr>

<!----- -------------------- Pin Code-------------------------------------->

<tr>

<td>Pin Code</td>

<td><input type="Number" name="PinCode" maxlength="6" />

</td>

</tr>

<!---------------------------- State ----------------------------------->

<tr>

<td>State</td>

<td><input type="text" name="State" maxlength="50" />

</td>

</tr>

<!------------------------------ Country --------------------------------->

<tr>

<td>Country</td>

<td><input type="text" name="Country" /></td>

</tr>

<!-----------------------Qualification---------------------------------------->

<tr>

<td>Qualification <br /><br /><br /></td>

<td>

<table>

<tr>

<td align="center"><b>No.</b></td>

<td align="center"><b>Examination</b></td>

<td align="center"><b>Board/University</b></td>

<td align="center"><b>Percentage</b></td>

<td align="center"><b>Year of Passing</b></td>

</tr>

<tr>

<td>1</td>

<td>Class X</td>

<td><input type="text" name="ClassX\_Board" maxlength="30"/></td>

<td><input type="text" name="ClassX\_Percentage" maxlength="30"/></td>

<td><input type="text" name="ClassX\_YrofPassing" maxlength="30"/></td>

</tr>

<tr>

<td>2</td>

<td>Class XII</td>

<td><input type="text" name="ClassXII\_Board" maxlength="30"/></td>

<td><input type="text" name="ClassXII\_Percentage" maxlength="30"/></td>

<td><input type="text" name="ClassXII\_YrofPassing" maxlength="30"/></td>

</tr>

<tr>

<td>3</td>

<td>Graduation</td>

<td><input type="text" name="Graduation\_University" maxlength="30"/></td>

<td><input type="text" name="Graduation\_Percentage" maxlength="30"/></td>

<td><input type="text" name="Graduation\_YrofPassing" maxlength="30"/></td>

</tr>

<tr>

<td></td>

<td></td>

<td align="center">(10 char max)</td>

<td align="center">(upto 2 decimal)</td>

</tr>

</table>

</td>

</tr>

</table>

</form>

</body>

</html>