AYESHA

```html
<!DOCTYPE html>
<html lang="en">
<head>
    <meta charset="UTF-8">
    <meta name="viewport" content="width=device-width, initial-scale=1.0">
    <title>Document</title>
</head>
<body>
    <form action="">
        <h1> Registeration Form</h1>

        <table>
        <tr>
        <td><label for="user-name">First Name</label></td>
        <td><input type="text" name="user-name"></td>
        </tr>



        <tr>
        <td><label for="user-lastname">Last Name</label></td>
        <td><input type="text" name="user-lastname"></td>
        </tr>



        <tr>
        <td><label for="user-nickname">Nick Name</label></td>
        <td><input type="text" name="user-nickname"></td>
        </tr>



        <tr>
        <td><label for="user-email">Email</label></td>
        <td><input type="email" name="user-email"></td>
        </tr>


        <tr>
        <td><label for="user-password">Password</label></td>
         <td><input type="password"  name="user-password"></td>
        </tr>


        <tr>
```

```html
        <td><label for="user-birth">Date Of Birth</label></td>
        <td><input type="date" name="user-birth"></td>
        </tr>


        <tr>
        <td><label for="user-gender">Gender</label></td>
        <td><input type="radio" name="user-gender" id="" >Male
        <input type="radio" name="user-gender" id="" >Female
        <input type="radio" name="user-gender" id="" >Others </td>
        </tr>


        <tr>
        <td><label for="user-mobile">Mobile</label></td>
        <td><input type="text" name="user-mobile"></td>
        </tr>

        <tr>
        <td><label for="">Address</label><br></td>
        <td><textarea name=" " id="" cols="21" rows="05"></textarea></td>
        </tr>


        <tr>
            <td></td>
        <td><button>Submit</button> <button>Reset</button></td>
        </tr>

    </table>
  </form>
</body>
</html>
```

AYESHA

Registeration Form

First Name

Last Name

Nick Name

Email

Password

Date Of Birth mm/dd/yyyy

Gender ○ Male ○ Female ○ Others

Mobile

Address

Submit Reset

```
<!DOCTYPE html>
<html lang="en">
<head>
    <meta charset="UTF-8">
    <meta name="viewport" content="width=device-width, initial-scale=1.0">
    <link rel="preconnect" href="https://fonts.googleapis.com">
<link rel="preconnect" href="https://fonts.gstatic.com" crossorigin>
<link
href="https://fonts.googleapis.com/css2?family=Dancing+Script&family=Noto+Sans+Vi
thkuqi&display=swap" rel="stylesheet">

<title>Document</title>
```

AYESHA

```html
<style>
    h2{
text-align: center;
        font-family: 'Noto Sans Vithkuqi', sans-serif;

    }
    .container{
        position: fixed;
    }
</style>

</head>
<body>

    <div class="container"><form  action="">

        <h2  >STUDENT REGISTERATION FORM</h2>

        <table>
        <tr>
        <td><label for="user-name">FIRST NAME</label> </td>
        <td><input type="text" name="user-name"> (max 30 characters a-zand A-
Z)</td>
        </tr>



        <tr>
        <td><label for="user-lastname">LAST NAME</label></td>
        <td><input type="text" name="user-lastname"> (max 30 characters a-zand A-
Z)</td>
        </tr>



        <tr>
        <td><label for="user-birth">DATE OF BIRTH</label></td>
        <td><input type="date" name="user-birth"></td>
        </tr>



        <tr>
        <td><label for="user-email">EMAIL</label></td>
        <td><input type="email" name="user-email"></td>
        </tr>
```

AYESHA

```html
    <tr>
        <td><label for="user-mobile">MOBILE NUMBER</label></td>
        <td><input type="text" name="user-mobile"> (10 digit number)</td>
    </tr>




    <tr>
    <td><label for="user-gender">GENDER</label></td>
    <td><input type="radio" name="user-gender" id="" >Male
    <input type="radio" name="user-gender" id="" >Female  </td>
    </tr>



    <tr>
    <td><label for="">ADDRESS</label><br></td>
    <td><textarea name=" " id="" cols="20" rows="5"></textarea></td>
    </tr>

    <tr>
        <td><label for="user-city">CITY</label></td>
        <td><input type="text" name="user-city"> (max 30 characters a-zand A-
Z)</td>
    </tr>

    <tr>
        <td><label for="user-password">PIN CODE</label></td>
         <td><input type="password" name="user-password"> (6 digit
number)</td>
    </tr>

    <tr>
    <td><label for="user-state">STATE</label></td>
    <td><input type="text" name="user-state"> (max 30 characters a-zand A-
Z)</td>
    </tr>

    <tr>
        <td><label for="user-country">COUNTRY</label></td>
        <td><input type="text" name="user-country" id=""
placeholder="India"</td>
    </tr>
    <tr>
```

```
        <td>
            <label for="user-hobbies">HOBBIES</label>
        </td>
        <td>
            <input type="checkbox" name="user-hobbies" id="">Drawing
            <input type="checkbox" name="user-hobbies" id="">Singing
            <input type="checkbox" name="user-hobbies" id="">Dancing
            <input type="checkbox" name="user-hobbies" id="">Sketching<br>
            <input type="checkbox" name="user-hobbies" id="">Others
            <input type="text" name="user-hobbies">
        </td>
    </tr>
    </table>
    </form>
    </div>
</body>
</html>
</body>
</html>
```

Document   ×   Document   × | +

← C ⓘ 127.0.0.1:5500/form2.html

STUDENT REGISTERATION FORM

FIRST NAME	[ ]	(max 30 characters a-zand A-Z)
LAST NAME	[ ]	(max 30 characters a-zand A-Z)
DATE OF BIRTH	mm/dd/yyyy 🗓	
EMAIL	[ ]	
MOBILE NUMBER	[ ]	(10 digit number)
GENDER	○ Male ○ Female	
ADDRESS	[ ]	
CITY	[ ]	(max 30 characters a-zand A-Z)
PIN CODE	[ ]	(6 digit number)
STATE	[ ]	(max 30 characters a-zand A-Z)
COUNTRY	India	
HOBBIES	☐ Drawing ☐ Singing ☐ Dancing ☐ Sketching ☐ Others [ ]	