<!DOCTYPE html>

<html lang="en">

<head>

    <meta charset="UTF-8">

    <meta name="viewport" content="width=device-width, initial-scale=1.0">

    <title>Document</title>

    <style>

        .container{

                height:500px;

                width:100%;

                background-color: antiquewhite;

                text-align: center;

                background-image: url('hsp.jpg');

        }

        #header{

            height:100px;

            width:100%;

            background-color: aqua;

        }

    </style>

</head>

<body>

    <div class="container">

        <div id="header"><marquee direction ="left" scrollamount="13"><h2 style="color: rgb(18, 21, 15);">Instant Online Appointment Booking With Top Apollo Doctors

        </h2></marquee></div>

        <b>Your Health Matters – Book Your Doctor's Appointment Online Today!

            "Taking care of your health is our top priority. Whether you're scheduling a routine check-up or need a consultation, we're here to help. Click below to easily register for your doctor's appointment and start your journey to better health."

            </b>

       <center> <a href="new.html" target="content">Click Here to Schedule Your Appointment</a></center>

    </div>

</body>

</html>

NEW>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>

    <style>

        .container{

           background-color: antiquewhite;

           padding:20px;

           width:25%;

           height:50%;

           margin:auto;

        }

    </style>

</head>

<body style="background-image:url(doctors-nurses.jpg)">

    <div class="container">

    <center>

        <form>

        NAME:

        <input type="text" name="NAME"><br>

        MOBILE NUMBER

        <input type="number" ><br>

        ADDRESS

        <input type="text" ><br>

        SELECT CITY:<br>

        <input type="radio" name="name" value="HYDERABAD"><i>HYDERABAD</i><br>

        <input type="radio" name="name" value="BANGLORE"><i>BANGLORE</i><br>

        <input type="radio" name="name" value="CHENNAI"><i>CHENNAI</i><br>

        <input type="radio" name="name" value="COCHIN"><i>COCHIN</i><br>

        SELECT SPECIALITY<br>

        <input type="checkbox" name="name" value="Dermatology"><i>Dermatology</i><br>

        <input type="checkbox" name="name" value="General Physician"><i>General Physician</i><br>

        <input type="checkbox" name="name" value="Ent"><i>Ent</i><br>

        <input type="checkbox" name="name" value="Cardiology"><i>Cardilogy</i><br>

        <input type="submit" value="REGISTER">

    </form>

</center>

</div>

</body>

</html>



