chaiti.html

```
1   <!DOCTYPE html>
2   <html>
3   <head>
4       <title>Student Registration</title>
5   </head>
6   <body>
7       <a href="#">Student Registration Form</a>
8       <form>
9           <label>First Name:</label>
10          <input type="" required><br><br>
11          <label>Last Name:</label>
12          <input type="" required><br><br>
13          <label>Email:</label>
14          <input type="it should contain @" required><br><br>
15          <label>Mobile Number:</label>
16          <input type="number" min="1000000000" max="9999999999" required><br><br>
17          <label>Gender:</label>
18          <input type="radio" name="gender" value="male" required> Male
19          <input type="radio" name="gender" value="female" required> Female<br><br>
20          <label>Date of Birth:</label>
21          <input type="date" max="2024-08-30" min="2012-12-12" required><br><br>
22          <label>Address:</label>
23          <textarea rows="5" cols="20" maxlength="500" required></textarea><br><br>
24          <label>City:</label>
25          <select required>
26              <option value="">Select City</option>
27              <option value="City1">City1</option>
28              <option value="City2">City2</option>
29              <option value="City3">City3</option>
30          </select><br><br>
31          <label>Area Pin:</label>
32          <input type="number" max="999999" required><br><br>
33          <label>State:</label>
34          <input type="" required><br><br>
35          <label>Qualification:</label>
36          <Select requaired>
37              <option value="">Select Qualification</option>
38              <option value="Qualification1"></option>
39              <option value="Qualification2"></option>
40              <option value="Qualification3"></option>
41              <option value="Qualification4"></option>
42          </Select><br><br>
43          <label>Specialization:</label>
44  <input type="" name="specialization" value="Computer Science"required><br><br>
45  <input type="" name="specialization"value="Information Technology"required><br><br>
46  <input type="" name="specialization" value="Computer Architecture"required><br><br>
47  <input type="" name="specialization" value="Tele Communication"required><br><br>
48          <label>Password:</label>
49          <input type="password" maxlength="8" required><br><br>
50          <input type="submit" value="Register">
51      </form>
```

```
52  </body>
53  </html>
54
```

[Student Registration Form](#)

First Name: [   ]

Last Name: [   ]

Email: [   ]

Mobile Number: [   ]

Gender: ○ Male ○ Female

Date of Birth: [dd / mm / yyyy]

Address: [   ]

City: [Select City ▾]

Area Pin: [   ]

State: [   ]

Qualification: [Select Qualification ▾]

Specialization: [Computer Science]

[Information Technology]

[Computer Architecture]

[Tele Communication]

Password: [   ]

[Register]