

STUDENT REGISTRATIO FORM	
NAME	<input type="text"/>
Course Applied For	<input type="text" value="MCA"/>
Gender	Male <input type="radio"/> Female <input type="radio"/>
Address	<input type="text"/>
Country	<input type="text" value="India"/>
Hobbies	Drawing <input type="checkbox"/> Singing <input type="checkbox"/> Dancing <input type="checkbox"/> Sketching <input type="checkbox"/>
<input type="button" value="Submit"/> <input type="button" value="Reset"/>	

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<!DOCTYPE html>
<html>
<head>
    <meta charset="utf-8">
    <meta name="viewport" content="width=device-width, initial-scale=1">
    <title>student registration form</title>
</head>
<body bgcolor="skyblue">
<center>
    <h1>STUDENT REGISTRATIO FORM</h1>
</center>
<table align="center" cellpadding="10" border="5">
    <tr>
        <td>NAME</td>
        <td><input type="text" name="First_Name" maxlength="30"> </td>
    </tr>
    <tr>
        <td>Course Applied For</td>
        <td>
            <select name="course">
                <option value="MCA">MCA</option>
                <option value="BCA">BCA</option>
                <option value="PGDCA">PGDCA</option>
                <option value="O LEVEL">O LEVEL</option>
            </select>
        </td>
    </tr>
    <tr>
        <td>Gender</td>
        <td>
            Male<input type="radio" name="Gender" value="Male">
            Female<input type="radio" name="Gender" value="Female">
        </td>
    </tr>
    <tr>
        <td>Address</td>
        <td><input type="text">
    </tr>
    <tr>
        <td>Country</td>
        <td><input type="text" value="India">
    </tr>
    <tr>
        <td>Hobbies</td>
        <td>
            Drawing <input type="checkbox">
            Singing <input type="checkbox">
            Dancing <input type="checkbox">
            Sketching <input type="checkbox">
        </td>
    </tr>
    <tr>
        <td colspan="2">
            <input type="button" value="Submit"/>
            <input type="button" value="Reset"/>
        </td>
    </tr>
</table>

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        </td>
    </tr>
    <tr>
        <td>Address<br><br><br> </td>
        <td><textarea name="Address" rows="4" cols="30"></textarea> </td>
    </tr>
    <tr>
        <td>Country</td>
        <td><input type="text" name="Country" value="India"
readonly="readonly"> </td>
    </tr>
    <tr>
        <td>Hobbies<br><br><br> </td>
        <td>
            Drawing <input type="checkbox" name="Hobby_Drawing"
value="Drawing">
            Singing <input type="checkbox" name="Hobby_Singing"
value="Singing">
            Dancing <input type="checkbox" name="Hobby_Dancing"
value="Dancing">
            Sketching <input type="checkbox" name="Hobby_Sketching"
value="Sketching">
        </td>
    </tr>
    <tr>
        <td colspan="2" align="center">
            <input type="submit" name="Submit">
            <input type="reset" name="Reset">
        </td>
    </tr>
</table>
</body>
</html>

```