

```
<!DOCTYPE html>
```

```
<head>
```

```
  <title>Form</title>
```

```
</head>
```

```
<body>
```

```
  <fieldset>
```

```
    <legend>Student's form
```

```
  </legend>
```

```
  <form method="post">
```

```
    First Name: <input type="text" name="fname" placeholder="enter First name">
```

```
    <br><br>
```

```
    Middle Name: <input type="text" name="mname" placeholder="enter Middle name">
```

```
    <br><br>
```

```
    Last Name: <input type="text" name="lname" placeholder="enter Last name">
```

```
    <br><br>
```

Year of admission: <input type="date" name="Yearofadmission">

Birth Date: <input type="date" name="dob">

Gender: <input type="radio" name="gender" value="male">Male <input type="radio" name="gender"

value="female">Female <input type="radio" name="gender" value="transgender" checked>Transgender

Email: <input type="email" name="email" placeholder="enter your email">

Select Language: <select name="Language">

<option value="hindi">hindi</option>

<option value="english">english</option>

<option value="gujarati">gujarati</option>

<option value="binary" selected>binary</option>

</select>

Select Course: <select name="Course">

<option value="BCS">BCS</option>

<option value="BCA">BCA</option>

```
<option value="MBBS">MBBS</option>
<option value="MSC">MSC</option>
<option value="BTECH">BTECH</option>
<option value="MTECH">MTECH</option>
<option value="MCA">MCA</option>
<option value="PHD" selected>PHD</option>
</select>
```

```
<br><br>
```

Student's Information

```
<textarea name="suggestion" cols="50" rows="8" placeholder="Write About Yourself"></textarea>
```

```
<br><br>
```

```
<input type="submit"> </input>
```

```
</form>
```

```
</fieldset>
```

```
</body>
```

```
</html>
```