

```
<!DOCTYPE html>
<html>
<head>
<meta name="viewport" content="width=device-width, initial-scale=1">

<style>
body{
  font-family: Calibri, Helvetica, sans-serif;
  background-color: GoldenRod;
}
.container {
  padding: 50px;
  background-color: #F08080;
}

input[type=text], input[type=password], textarea {
  width: 100%;
  padding: 15px;
  margin: 5px 0 22px 0;
  display: inline-block;
  border: none;
  background: #f1f1f1;
}
input[type=text]:focus, input[type=password]:focus {
  background-color: orange;
  outline: none;
}
div {
  padding: 10px 0;
}
hr {
  border: 1px solid #f1f1f1;
```

```
margin-bottom: 25px;
}
.registerbtn {
background-color: #4CAF50;
color: white;
padding: 16px 20px;
margin: 8px 0;
border: none;
cursor: pointer;
width: 100%;
opacity: 0.9;
}
.registerbtn:hover {
opacity: 1;
}
</style>
</head>
<body>
<form>
<div class="container">
<center> <h1 style="font-size:60px;"> Student Registration Form
</h1> </center>
<hr>
<h1> Registration of a student for an online TCS exam</h1>
<label> Firstname </label>
<input type="text" name="firstname" placeholder= "Firstname"
size="15" required />
<label> Lastname: </label>
<input type="text" name="lastname" placeholder="Lastname"
size="15"required />
<label> Roll.no: </label>
<input type="text" name="roll.no" placeholder="Roll.no"
```

```
size="15"required />
<label> Father name: </label>
<input type="text" name="father name" placeholder=" Father name"
size="15"required />
<label> Mother name: </label>
<input type="text" name="mother name" placeholder="Mother name"
size="15"required />
<label> Aadhar number: </label>
<input type="text" name="aadhar number" placeholder="Aadhar
number" size="15"required />
<div>
<label> Image: </label>
<input type="image" src="img_submit.gif" alt="submit"
style="text-align: right;15px;">
</div>
```

```
<div>
<label>
Qualification :
</label>
```

```
<select>
<option value="Qualification">Qualification</option>
<option value="BCA">BCA</option>
<option value="BBA">BBA</option>
<option value="B.Tech">B.Tech</option>
<option value="MBA">MBA</option>
<option value="MCA">MCA</option>
<option value="M.Tech">M.Tech</option>
</select>
```

</div>

<div>

<label>

CGPA:

</label>

<input type="text" name="X -CGPA"placeholder="X-CGPA"size="3"/>

<input type="text" name="XII-CGPA"placeholder="XII-CGPA"size="3"/>

</div>

<div>

<label for ="file">resume file to upload</label>

<input type="file" id ="file" name="file" multiple>

</div>

<div>

<button>Submit</button>

</div>

<div>

<label>

Gender :

**</label>
**

<input type="radio" value="Male" name="gender" checked > Male

<input type="radio" value="Female" name="gender"> Female

<input type="radio" value="Other" name="gender"> Other

</div>

<label>

Phone :

</label>

<input type="text" name="country code" placeholder="Country Code" value="+91" size="2"/>

**<input type="text" name="phone" placeholder="phone no." size="10"/>
required>**

Current Address :

```
<textarea cols="80" rows="5" placeholder="Current Address"
value="address" required>
</textarea>
<label for="email"><b>Email</b></label>
<input type="text" placeholder="Enter Email" name="email" required>

    <label for="psw"><b>Password</b></label>
    <input type="password" placeholder="Enter Password" name="psw"
required>
    <button type="submit" class="registerbtn">Register</button>
</form>
</body>
</html>
```