```
<?xml version="1.0" encoding="UTF-8"?>
//declaring version of xml
<!DOCTYPE html
PUBLIC "-//W3C//DTD XHTML 1. Transitional//EN"
"DTD/xhtml1-transitional.dtd">
<html xmlns="http://www.w3.org/1999/xhtml" xml:lang="en" lang="en">
    <head>
        <title>My Xhtml Page</title> //name of my webpage
//styling of all tags
<style>
#contact-us{
          width:500px;
          padding:50px;
          border:blue 5px solid;
        margin:auto;
        margin-top:40px;
        background:white;
  input[type=button], input[type=submit] {
  background-color: #4CAF50;
  border: none;
  color: white;
  padding: 16px 32px;
 text-decoration: none;
 margin: 4px 2px;
 cursor: pointer;
}
  body{
background:url(bg.png);
background-position: center;
background-repeat: no-repeat;
 background-size: cover;
        }
</style>
```

```
</head>
   <body>
     <div style="color:#701;font-size:40px;</pre>
               font-weight:bold;text-align:center;
               margin-bottom:-25px;"><u> Xtensible Markup
Language</u></div>
<br/>
<br/>
<form id="contact-us">
<div style="color:#205; font-size:30px;</pre>
               font-weight:bold;text-align:center;
               margin-bottom:-25px;">Verify Your Details</div>
<br/><br/>
 Enter Your Name
<input type="text" name="name"></input>
 Enter Your Roll Number <input type="text" name="roll"></input> 
// for selection of Date of birth
      Date of Birth month:
       <select name="month">
           <option selected="selected">January</option>
           <option>February</option>
           <option>March
           <option>April</option>
           <option>May</option>
           <option>June</option>
           <option>July</option>
           <option>Augusy</option>
           <option>September</option>
           <option>October</option>
           <option>November</option>
```

```
<option>December</option>
        </select>
Date :
<select name="Date">
   Date
<option value="1">01</option>
<option value="2">02</option>
<option value="3">03</option>
<option value="4">04</option>
<option value="5">05</option>
<option value="6">06</option>
<option value="7">07</option>
<option value="8">08</option>
<option value="9">09</option>
<option value="10">10</option>
<option value="11">11</option>
<option value="12">12</option>
<option value="13">13</option>
<option value="14">14</option>
<option value="15">15</option>
<option value="16">16</option>
<option value="17">17</option>
<option value="18">18</option>
<option value="19">19</option>
<option value="20">20</option>
<option value="21">21</option>
<option value="22">22</option>
<option value="23">23</option>
<option value="24">24</option>
<option value="25">25</option>
<option value="26">26</option>
<option value="27">27</option>
<option value="28">28</option>
<option value="29">29</option>
<option value="30">30</option>
 </select>
Year :
<select name="Year">
```

```
<option value="2008">2000</option>
<option value="2009">2001</option>
<option value="2010">2002</option>
<option value="2011">2003</option>
<option value="2012">2004</option>
<option value="2013">2005</option>
<option value="2014">2006</option>
<option value="2015">2007</option>
<option value="2008">2008</option>
<option value="2009">2009</option>
<option value="2010">2010</option>
<option value="2011">2011</option>
<option value="2012">2012</option>
<option value="2013">2013</option>
<option value="2014">2014</option>
<option value="2015">2015</option>
<option value="2016">2016</option>
<option value="2017">2017</option>
<option value="2018">2018</option>
<option value="2019">2019</option>
<option value="2020">2020</option>
<option value="2021">2021</option>
//selection of Gender
</select>
Choose Your Gender
                                     Male : <input type="radio"</pre>
name="male">
</input> Female :<input type="radio" name="female"></input> 
       <q\>
       // for writing passward
 <b> Enter Your Password : </b>
<input type="password" name="password"/>
// submit button
<center><input type="submit"></input></center>
```

```
</form>
</body>
</html>
```

