<!DOCTYPE html>

<html lang="en">

<head>

<meta charset="UTF-8">

<title>Student Registration Form</title>

<style>

body {

font-family: Arial, sans-serif;

background-color: #fff7e6;

padding: 20px;

}

.container {

max-width: 800px;

margin: auto;

background-color: #fff3cc;

padding: 30px;

border-radius: 8px;

box-shadow: 0 0 10px #ccc;

}

header {

display: flex;

justify-content: space-between;

align-items: center;

}

header img {

width: 80px;

height: 80px;

background-color: orange;

display: flex;

justify-content: center;

align-items: center;

}

h1 {

text-align: center;

color: #222;

}

.section-title {

background-color: orange;

color: white;

padding: 5px 10px;

margin-top: 30px;

font-weight: bold;

}

.form-group {

margin: 15px 0;

}

label {

display: block;

font-weight: bold;

margin-bottom: 5px;

}

input[type="text"],

input[type="email"],

input[type="date"],

select,

textarea {

width: 100%;

padding: 8px;

border: 1px solid #999;

border-radius: 4px;

box-sizing: border-box;

}

.radio-group {

display: flex;

gap: 15px;

}

.agree-section {

margin-top: 20px;

}

.signature-box {

margin-top: 20px;

height: 60px;

border: 2px solid #ccc;

background-color: #fff7d1;

}

.thumb-icons {

font-size: 24px;

margin-left: 10px;

}

</style>

</head>

<body>

<div class="container">

<header>

<div>

<p><strong>ABC Institute of Technology</strong><br>

No 1242,<br>

Gale Road,<br>

Mountainvia<br>

Tel: 011 1231231<br>

E-mail: instituteABC@gmail.com</p>

</div>

<div>

<img src="#" alt="Profile Icon">

<p>Ref No: 11573</p>

</div>

</header>

<h1>Student Registration Form</h1>

<div class="section-title">Student Information</div>

<div class="form-group">

<label>Full Name:</label>

<input type="text">

</div>

<div class="form-group">

<label>Date of Birth:</label>

<input type="date">

</div>

<div class="form-group">

<label>Gender:</label>

<div class="radio-group">

<label><input type="radio" name="gender"> Male</label>

<label><input type="radio" name="gender"> Female</label>

</div>

</div>

<div class="form-group">

<label>Nationality:</label>

<input type="text">

</div>

<div class="form-group">

<label>Contact Information:</label>

<input type="text">

</div>

<div class="section-title">Parent/Guardian Information</div>

<div class="form-group">

<label>Parent/Guardian Name(s):</label>

<input type="text">

</div>

<div class="form-group">

<label>Relationship to Student:</label>

<input type="text">

</div>

<div class="form-group">

<label>Contact Information (Phone Number, Email):</label>

<input type="text">

</div>

<div class="form-group">

<label>Emergency Contact Information:</label>

<input type="text">

</div>

<div class="section-title">Education Information</div>

<div class="form-group">

<label>School/Institution Name:</label>

<input type="text">

</div>

<div class="form-group">

<label>Graduation Date (if applicable):</label>

<input type="date">

</div>

<div class="form-group">

<label>How did you hear about us?</label>

<input type="text">

</div>

<div class="form-group">

<label>Why are you interested in our program?</label>

<textarea rows="3"></textarea>

</div>

<div class="agree-section">

<label>Are you agree to the terms and conditions of enrollment?</label>

<span class="thumb-icons">👍 👎</span>

</div>

<div class="form-group">

<label>Signature of the student and, if the student is a minor, a parent or guardian:</label>

<div class="signature-box"></div>

</div>

</div>

</body>

</html>