Assignment 11

Input:

```
<html>
      <head>
             <title>Registration Form</title>
      </head>
      <body>
             <h3><center><u>Registration Form</u></center></h3>
             <br>><br>>
             <label for="name">First Name:</label>
             <input type = "text">
             <br>
             <br>
             <label for "lname">Last Name:</label>
             <input type ="text">
             <br>
             <br>
             <form>
             Gender:
             <input type = "radio" name = "Gender" value="Male">Male
             <input type = "radio" name = "Gender" value="Female">Female
             <br>
             <br>
             <label for "bday">Date of Birth</label>
             <input type = "Date">
             <br>
             <br>
             Address:
             <br>
             <textarea id="Add" rows="5" cols="60">
             </textarea>
             <br>
             <br>
             <label for "pass">Set Password:</label>
             <input type = "password">
             <br>
             <br>
             <center><input type = "submit" value = "Submit"></center>
       </body>
</html>
```

Output:

