



Personal Details

Name:
Enter your name

Email:
Enter your email

Registration Number:
Enter your Registration Number

Phone Number:
Enter your Phone Number

Photo ID:
Choose File No file chosen

Submit

HTML

```
<!DOCTYPE html>
<html>
<head>
  <link rel="stylesheet" type="text/css" href="style.css">
</head>
<body>
  <form>
    <title>Personal Details</title>
    <label for="name">Name:</label>
    <input type="text" id="name" name="name" placeholder="Enter your name"
required>

    <label for="email">Email:</label>
    <input type="email" id="email" name="email" placeholder="Enter your email"
required>

    <label for="regno">Registration Number:</label>
    <input type="text" id="regno" name="regno" placeholder="Enter your
Registration Number" required>

    <label for="phone">Phone Number:</label>
    <input type="number" id="phone" name="phone" placeholder="Enter your Phone
Number" required>

    <label for="photoid">Photo ID:</label>
```

```
<input type="file" id="photoid" name="photoid" required>
<br><br>

<input type="submit" value="Submit">
</form>
</body>
</html>
```

CSS

```
body {
  font-family: Arial, sans-serif;
  margin: 20px;
}

form {
  width: 400px;
  margin: 0 auto;
  border-style: solid;
}

label {
  display: block;
  margin-top: 10px;
}

label{
  padding-left: 4px;
}
input{
  margin-left: 4px;;
}
input[type="text"],
input[type="email"],input[type="number"] {
  width: 90%;
  margin-left: 4px;
  padding: 8px;
  border: 1px solid #ccc;
  border-radius: 4px;
}

input[type="submit"] {
  padding-top: 1050px;
  margin-left: 36%;
  margin-bottom: 10px;
```

```
background-color: #4CAF50;  
color: white;  
padding: 10px 20px;  
border: none;  
border-radius: 4px;  
cursor: pointer;  
}
```