

Welcome To Registration Form



Name	<input type="text" value="Plese enter your name."/>
Study Class	<input type="text" value="Plese enter your class name."/>
Mobile Number	<input type="text" value="Plese enter your mobile number."/>
Email	<input type="text" value="Plese enter email."/>
Gender	<input type="radio"/> Mail <input type="radio"/> Femail
Pass Word	<input type="text" value="Plese enter your pass word."/>
Confirm Pass Word	<input type="text" value="Plese enter your confirm pass wor"/>
<input type="button" value="Submit"/> <input type="button" value="Refresh"/>	