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Aim: To create a form using HTML.
Software Used: Visual Studio
Program:
<!DOCTYPE html>
<html lang="en">
<head>
  <meta charset="UTF-8">
  <title>Form</title>
</head>
<body>
  <form action="#">
    <fieldset>
      <legend>Personal Details</legend> First name:<br>
      <input type="text" name="First Name" id=""><br>Last name:<br>
      <input type="text" name="lastname"><br>Roll number:<br>
      <input type="text" name="Roll number"><br>Age:<br>
      <input type="text" name="Age"><br>>Department
      <select name="" id="">
      <option value="">Computer Science and Engineering</option>
      <option value="">Information Technology</option>
      <option value="">Electronics and Communication</option>
      <option value="">Mechanical</option>
      <option value="">Civil</option>
      </select>
      Shift <input type="radio" name="Ist" id="">Morning&nbsp;&nbsp;<input type="radio" name="Ist"</p>
id="">Evening
      Gender:<br><br></pr>
      <input type="radio" name="gender" value="male" checked> Male<br/>br>
      <input type="radio" name="gender" value="female"> Female<br>
      <input type="radio" name="gender" value="other"> Other
      <br>>dr><br>Address:<br>
     <textarea name="Address" rows="5" cols=30></textarea><br>Country:<br>
     <select name="Country"><option value="India">India</option>
      <option value="Egypt">Egypt</option><option value="Pakistan">Pakistan</option>
      <option value="Bangladesh">Bangladesh</option></select><br>
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</fieldset>
  <fieldset >
    <legend>Educational Qualifications</legend>
    Institution Name
      Year of Passing
      Percentage/CGPA
     <input type="text">
      <input type="text" name="" id="">
     <input type="text" name="" id="">
      <input type="text" name="" id="">
     </fieldset>
  <br><br>>
  <button class="button" type="button""><strong>Submit</strong></button>
 </form>
</body>
</html>Result: Successfully created a form using HTML.
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## OUTPUT

Form		×	+			
	Q 6	• File	C:/Users/hp/Des	ktop/we_2.html	₩ 🛕	
Personal Deta	ils ——					_
First name:						
Last name:						
Roll number:						
Age:						
Department						
Computer Scie	nce and f	Engineering	▼			
Shift Morn	ing OF	Svening				
	ing of	veiling				
Gender:						
Male						
<ul><li>Female</li><li>Other</li></ul>						
Address:						
Address.						
			<u>//</u>			
Country:	1					
India ▼						
-Educational Q			en!	D	-/CCDA	
Institution	1 Name	Yes	ar of Passing	Percentag	e/CGPA	
Submit						