<!DOCTYPE html>

<html>

<body>

<h2>HTML Forms</h2>

<form action="/action\_page.php">

<label for="fname">First name:</label><br>

<input type="text" id="fname" name="fname" value="Jaspreet"><br>

<label for="lname">Last name:</label><br>

<input type="text" id="lname" name="lname" value="Kaur"><br><br>

<label for="bloodgroup">Blood group:</label>

<select name="bloodgroup" id="bloodgroup">

<option value="a">A</option>

<option value="b">B</option>

<option value="o+ve">O+ve</option>

<option value="o-ve">O-ve</option>

</select>

<br><br>

<label for="mobilenumber">Mobile number:</label><br>

<input type="text" id="mobilenumber" name="mobilenumber" value="5145676787"><br><br>

<label for="studentid">Student id:</label><br>

<input type="text" id="studentid" name="studentid" value="056275291"><br><br>

<label for="address">Address:</label>

<textarea id="address" name="address" rows="1" cols="50">

543 Rue Rabis,Laval,QC,H5X4H5

</textarea>

<br><br>

<p>Do you have car?</p>

<input type="radio" id="yes" name="car" value="yes">

<label for="yes">Yes</label><br>

<input type="radio" id="no" name="car" value="no">

<label for="no">No</label><br><br>

<label for="age">Age:</label><br>

<input type="text" id="age" name="age" value="20"><br><br>

<label for="gender">Gender:</label>

<select name="gender" id="gender">

<option value="male">Male</option>

<option value="female">Female</option>

</select>

<br><br>

<label for="martialstatus">Martial status:</label>

<select name="martialstatus" id="martialstatus">

<option value="single">Single</option>

<option value="married">Married</option>

</select>

<br><br>

<input type="submit" value="Submit">

</form>

<p>If you click the "Submit" button, the form-data will be sent to a page called "/action\_page.php".</p>

</body>

</html>