!DOCTYPE html>

<html>

<head>

<meta name=”viewport” content=”width=device-width, initial-scale=1”>

<style>

Body{

Font-family: Calibri, Helvetica, sans-serif;

Background-color: pink;

}

.container {

Padding: 50px;

Background-color: lightblue;

}

Input[type=text], input[type=password], textarea {

Width: 100%;

Padding: 15px;

Margin: 5px 0 22px 0;

Display: inline-block;

Border: none;

Background: #f1f1f1;

}

Input[type=text]:focus, input[type=password]:focus {

Background-color: orange;

Outline: none;

}

Div {

Padding: 10px 0;

}

Hr {

Border: 1px solid #f1f1f1;

Margin-bottom: 25px;

}

.registerbtn {

Background-color: #4CAF50;

Color: white;

Padding: 16px 20px;

Margin: 8px 0;

Border: none;

Cursor: pointer;

Width: 100%;

Opacity: 0.9;

}

.registerbtn:hover {

Opacity: 1;

}

</style>

</head>

<body>

<form>

<div class=”container”>

<center> <h1> Student Registeration Form</h1> </center>

<hr>

<label> Firstname </label>

<input type=”text” name=”firstname” placeholder= “Firstname” size=”15” required />

<label> Middlename: </label>

<input type=”text” name=”middlename” placeholder=”Middlename” size=”15” required />

<label> Lastname: </label>

<input type=”text” name=”lastname” placeholder=”Lastname” size=”15”required />

<div>

<label>

Course :

</label>

<select>

<option value=”Course”>Course</option>

<option value=”BCA”>BCA</option>

<option value=”BBA”>BBA</option>

<option value=”B.Tech”>B.Tech</option>

<option value=”MBA”>MBA</option>

<option value=”MCA”>MCA</option>

<option value=”M.Tech”>M.Tech</option>

</select>

</div>

<div>

<label>

Gender :

</label><br>

<input type=”radio” value=”Male” name=”gender” checked > Male

<input type=”radio” value=”Female” name=”gender”> Female

<input type=”radio” value=”Other” name=”gender”> Other

</div>

<label>

Phone :

</label>

<input type=”text” name=”country code” placeholder=”Country Code” value=”+91” size=”2”/>

<input type=”text” name=”phone” placeholder=”phone no.” size=”10”/ required>

Current Address :

<textarea cols=”80” rows=”5” placeholder=”Current Address” value=”address” required>

</textarea>

<label for=”email”><b>Email</b></label>

<input type=”text” placeholder=”Enter Email” name=”email” required>

<label for=”psw”><b>Password</b></label>

<input type=”password” placeholder=”Enter Password” name=”psw” required>

<label for=”psw-repeat”><b>Re-type Password</b></label>

<input type=”password” placeholder=”Retype Password” name=”psw-repeat” required>

<button type=”submit” class=”registerbtn”>Register</button>

</form>

</body>

</html>