|  |  |
| --- | --- |
|  | <html> |
|  | <title>Forms</title> |
|  | <head> |
|  | <body> |
|  | <h1>Registration Form</h1> |
|  | <form> |
|  | <table> |
|  | <tr> |
|  | <td>First Name</td> |
|  | <td><input type="text"></td> |
|  | </tr> |
|  | <tr> |
|  | <td>Last Name </td> |
|  | <td><input type="text"></td> |
|  | </tr> |
|  | <tr> |
|  | <td>Mobile number </td> |
|  | <td><input type="number"></td> |
|  | </tr> |
|  | <tr> |
|  | <td>Gender</td> |
|  | <td><input type="radio" value="Male">Male |
|  | <input type="radio" value="Female">Female</td> |
|  | </tr> |
|  | <tr> |
|  | <td>Email</td> |
|  | <td><input type="text"></td> |
|  | </tr> |
|  | <tr> |
|  | <td>Favourite Music</td> |
|  | <td><input type="checkbox" value="POP">POP |
|  | <input type="checkbox" value="Rock">Rock |
|  | <input type="checkbox" value="Other">Other</td> |
|  | </tr> |
|  | <tr> |
|  | <td>Additional Details</td> |
|  | <td><textarea></textarea></td> |
|  | </tr> |
|  | <tr> |
|  | <td><center><input type="checkbox">I agree to the terms and conditions</center></td> |
|  | </tr> |
|  | <tr> |
|  | <td><input type="button" value="Submit"></td> |
|  | <td><input type="button" value="Reset"></td> |
|  | </tr> |
|  | </table> |
|  | </form> |
|  | </body> |
|  | </head> |
|  | </html>   |  |  | | --- | --- | |  | <html> | |  | <title>Forms</title> | |  | <head> | |  | <body> | |  | <h1>Car Registration</h1> | |  | <form> | |  | <table> | |  |  | |  | <tr> | |  | <td>Owner Name</td> | |  | <td><input type="text" placeholder="Owner name"></td> | |  | </tr> | |  | <tr> | |  | <td>Email </td> | |  | <td><input type="text" placeholder="Email"></td> | |  | </tr> | |  | <tr> | |  | <td>Phone number </td> | |  | <td><input type="number" placeholder="Phone Number"></td> | |  | </tr> | |  | <tr> | |  | <td>Country</td> | |  | <td><select name="Country"> | |  | <option value="Sri Lanka">Sri Lanka</option> | |  | <option value="UK">UK</option> | |  | <option value="Other">Other</option> | |  | </select> | |  | </td> | |  | </tr> | |  | <tr> | |  | <td>Car Model</td> | |  | <td><input type="text"></td> | |  | </tr> | |  | <tr> | |  | <td>Manufacture Year</td> | |  | <td><select name="Select Year"> | |  | <option value="Select Year">Select Year</option> | |  | <option value="2010">2010</option> | |  | <option value="2011">2011</option> | |  | <option value="2012">2012</option> | |  | <option value="2013">2013</option> | |  | <option value="2014">2014</option> | |  | <option value="2015">2015</option> | |  | </select> | |  | </td> | |  | </tr> | |  | <tr> | |  | <td>Transmission</td> | |  | <td><input type="radio">Manual | |  | <input type="radio">Auto</td> | |  | </tr> | |  | <tr> | |  | <td>Other</td> | |  | <td><textarea></textarea></td> | |  | </tr> | |  | <tr> | |  | <td><center><input type="checkbox">I agree to the terms and conditions</center></td> | |  | </tr> | |  | <tr> | |  | <td><input type="button" value="Submit"></td> | |  | <td><input type="button" value="Reset"></td> | |  | </tr> | |  | </table> | |  | </form> | |  | </body> | |  | </head> | |  | </html> | |