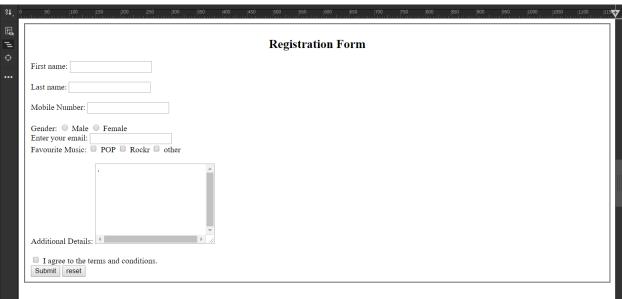
## Lab Sheet 04

```
<!DOCTYPE html>
<html>
<body>
      <form action="/action page.php">
      <fieldset>
             <h2 align="center"><b>Registration Form</b></h2>
 <label for="fname">First name: </label>
 <input type="text" id="fname" name="fname" value=""><br>
 <label for="Iname">Last name:</label>
 <input type="text" id="lname" name="lname" value=""><br><br>
 <label for="mono">Mobile Number:</label>
 <input type="number" id="number" name="number" value=""><br>
 <label for="gender">Gender: </label>
 <input type="radio" id="male" name="malee" value="male">
 <label for="male">Male</label>
 <input type="radio" id="female" name="female" value="female">
 <label for="female">Female</label><br>
 <label for="email">Enter your email:</label>
 <input type="email" id="email" name="email"><br>
 <label for="Fav_music">Favourite Music: </label>
 <input type="checkbox" id="music" name="music" value="pop">
```

```
<label for="music"> POP</label>
 <input type="checkbox" id="music2" name="music2" value="rock">
 <label for="music2"> Rockr</label>
 <input type="checkbox" id="music3" name="music3" value="other">
 <label for="music3"> other/label><br><br>
 <label for="additional">Additional Details: </label>
              <textarea name="message" rows="10" cols="30">.</textarea>
 <br><br>>
 <input type="checkbox" id="agree" name="agree" value="">
 <label for="agree"> I agree to the terms and conditions.</label><br>
 <input type="submit" value="Submit">
             <input type="reset" value="reset">
       </fieldset>
</form>
</body>
</html>
```



```
<!DOCTYPE html>
<html>
<head>
<title>Car Registration Form</title>
</head>
<body>
<form >
      <fieldset>
<legend>Car Registration </legend>
<label for="owner_name">Owner Name</label>
<input type="text" name="owner_name" id="owner_name" placeholder="Owner
name"><br><br>
<label for="email">Email</label>
<input type="email" name="email" id="email" placeholder="Email">
<br><br><
<label for="phone">Phone</label>
<input type="tel" name="phone" id="phone" placeholder="Phone number">
<br><br><
<label for="country">Country</label>
<select name="country" id="country">
<option value="Sri Lanka">Sri Lanka
</select><br><br>
```

```
<label for="car_model">Car Model</label>
<input type="text" name="car model" id="car model" value="">
<br><br><
<label for="manufacture">Manufacture Year</label>
<select name="year" id="year">
      <option value="Select year">select year
<option value="2023">2023</option>
<option value="2022">2022</option>
<option value="2021">2021</option>
<option value="2020">2020</option>
</select>
<br><br><
<label for="transmission">Transmission</label>
<input type="radio" name="transmission" id="manual" value="Manual">
<label for="manual">Manual</label>
<input type="radio" name="transmission" id="auto" value="Auto">
<label for="auto">Auto</label>
<br>
<label for="other">Other</label>
      <textarea name="message" rows="10" cols="30">.</textarea><br>
<input type="checkbox" name="terms" id="terms" value="1">
<label for="terms">I agree to the conditions and terms</label>
<br>
<input type="submit" value="Submit">
```

<input type="reset" value="Reset">

</fieldset>

</form>

</body>

</html>

