**Assignment-III**

**HTML CODE:**

<!DOCTYPE html>

<html lang="en">

<head>

    <meta charset="UTF-8">

    <meta name="viewport" content="width=device-width, initial-scale=1.0">

    <title>Koushik's Form</title>

</head>

<body style="background-color: #f8f7f5;" alink="red" vlink="purple" link="blue">

    <h2>Student Registration Form</h2>

    <form style="text-align: left;">

        <label for="first-name">First Name:</label>

        <input style="margin-left:5%;" type="text" id="first-name" name="first-name" placeholder="Enter your first name" required size="40" maxlength="40">

        <br>

        <label for="last-name">Last Name:</label>

        <input style="margin-left:5%;" type="text" id="last-name" name="last-name" placeholder="Enter your last name" required size="40" maxlength="40">

        <br>

        <label for="email">Email:</label>

        <input style="margin-left:7%;" type="email" id="email" name="email" placeholder="Enter your email" required size="40">

        <br>

        <label for="mobile">Mobile:</label>

        <input style="margin-left:6%;" type="tel" id="mobile" name="mobile" placeholder="Should be 10 digits" pattern="[0-9]{10}" required size="40" maxlength="10" minlength="10">

        <br>

        <label>Gender:</label>

        <input type="radio" id="male" name="gender" value="male">

        <label for="male">Male</label>

        <input type="radio" id="female" name="gender" value="female">

        <label for="female">Female</label>

        <br>

        <label for="dob">Date of Birth:</label>

        <input style="margin-left:4%;" type="date" id="dob" name="dob" required max="2024-07-13" min="2012-12-12">

        <br>

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

        <textarea style="margin-left:5%;" id="address" name="address" maxlength="500" rows="4" cols="50" placeholder="Enter your address"></textarea>

        <br>

        <label for="city">City:</label>

        <input style="margin-left:8%;" type="text" id="city" name="city" placeholder="Enter your city" required size="40">

        <br>

        <label for="pin">Area Pin:</label>

        <input style="margin-left:6%;" type="text" id="pin" name="pin" placeholder="Enter your pin" size="40" maxlength="6" minlength="6">

        <br>

        <label for="state">State:</label>

        <input style="margin-left:8%;" type="text" id="state" name="state" placeholder="Enter your state">

        <br>

        <label for="qualification">Qualification:</label>

        <select style="margin-left:4%;" id="qualification" name="qualification">

            <option>BTECH CSE-CORE</option>

            <option>BTECH CSE-AIML</option>

            <option>BTECH CSE-CYBER SECURITY</option>

        </select>

        <br>

        <label for="password">Password:</label>

        <input style="margin-left:6%;" type="password" id="password" name="password" required maxlength="8" minlength="8">

        <br>

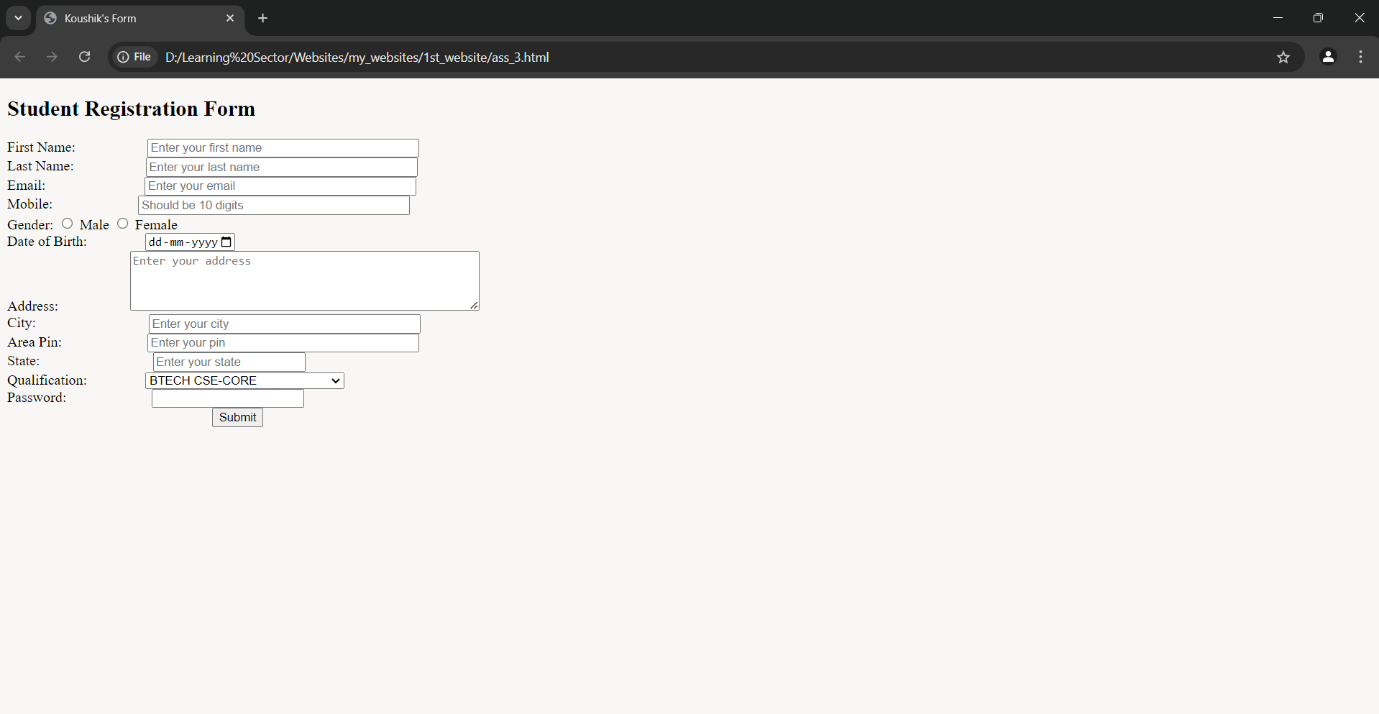
        <input style="margin-left:15%;" type="submit" name="submit" value="Submit">

    </form>

</body>

</html>

**OUTPUT:**

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