



Project Name

student registration from

My Name =Kuldeep

My Collage Name =I.F.T.M UNIVERCITY

Teacher Name=Ritu Mam

```
<!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 Registration 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>
            </select>
        </div>
    </div>

```

```

<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>

```

(OUTPUT)

Student Registration Form

Firstname

Middlename:

Lastname:

Course :

Gender :
☒ Male ☐ Female ☐ Other

Phone :

Current Address :

Email

Password

Re-type Password

Re-type Password