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<html>
<body bgcolor="#FEFCFF">
<center>

<font size="+3" color="#2E8B57">Placement Registration
Form</font>
<form method="post" action="url">
<table bgcolor="#B7CEEC">
<tr>
<td></td>
<td><input type="radio" name="initial" checked>Mr.
<input type="radio" name="initial">Mrs.
<input type="radio" name="initial">Ms.</td>
</tr>
<tr>
<td>StudentID</td>
<td><input type="text" name="fn" placeholder="Student
ID"></td>
</tr>
<tr>
<td>First Name</td>
<td><input type="text" name="fn" placeholder="First
Name"></td>
</tr><tr>
<td>Last Name</td>
<td><input type="text" name="ln" placeholder="Last Name"></td>
</tr>
<tr>
<td>Username</td>
<td><input type="text" name="ln" placeholder="username"></td>
</tr>
<tr>
<td>Password</td>
<td><input type="password" name="ln

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placeholder="password"></td>
</tr>
<tr>
<td>Address</td>
<td><textarea ></textarea></td>
</tr>
<td>City</td>
<td><input type=text name=ct></td>
</tr><tr>
<td>State</td>
<td><select name=State>
<option value="Tel angana" checked>Tel angana
<option value="Maharashtra">Maharashtra
<option value="AndhraPradesh">AndhraPradesh
<option value="Del hi ">Del hi
</select>
</td>
</tr><tr>
<td>Pincode</td>
<td><input type=text name=zp></td>
</tr><tr>
<td>Upload Photo</td>
<td><input type=file name=photo></td>
</tr><tr>
<td>E-Mail</td>
<td><input type=text name=email></td>
</tr><tr>
<td>Mobile</td>
<td><input type=text name=mob placeholder="+91"></td>
</tr><tr>
<td>Languages known</td>
<td><input type=checkbox name=Ik value=Engl ish
checked>Engl ish</td>
</tr><tr>

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<td></td>
<td><input type=checkbox name=l k val ue=Tel ugu
checked>Tel ugu</td>
</tr><tr>
<td></td>
<td><input type=checkbox name=l k val ue=Hi ndi >Hi ndi </td>
</tr><tr>
<td></td>
</tr><tr>
<td>Addi ti onal I nformation</td>
<td><textarea name=add rows=3 col s=20
pl acehol der="Opti onal "
wrap></textarea></td>
</tr>
<tr>
<td></td>
<td><input type=checkbox name=l k val ue="">Accepti ng the
terms & condi ti ons</td>
</tr>
<tr>
<td></td>
<td><input type=submi t val ue=submi t>&nbsp;<input
type=reset
val ue=reset></td>
</tabl e>
</form>
</body>
</html >

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