

```
<!DOCTYPE html>
<html>
<head>
<style>
  body
  {
    color:white;
  }
</style>
<title>Chess Tournament Enrollment</title>
</head>
<body>
<h1>Chess Tournament Enrollment</h1>
<body background="file:///C:/Users/gokul/Downloads/chess%20bg.jpg"
width="10000px" height="10000px">
<form action="/Enrollmet" method="post">
  <div class="form-group">
    <div class="e-float-input">
      <label>Name:</label>
      <input type="text" id="Name" name="Name"
data-Name-message="Please enter your full name."
data-required-message="Required field"required
data-msg-containerid="requireError">
      <span class="e-float-line"></span>

    </div>
    <div id="nameError"></div>
  </div>
  <br><br>
  <div class="form-group">
    <div class="e-float-input">
      <label>Date Of Birth:</label>
      <input type="text" id="Dateofbirth" name="Dateofbirth"
data-Name-message="Please enter your Date of birth."
data-required-message="Required field"required
data-msg-containerid="DateofbirthError">
      <span class="e-float-line"></span>
```

```
</div>
<div id="DateofbirthError"></div>
</div>
<br><br>
<div class="form-group">
  <div class="e-float-input">
    <label>Gender:</label>
    <input type="text" id="Gender" name="Gender"
    data-Name-message="Please enter your Gender."
    data-required-message="Required field"required
    data-msg-containerid="GenderError">
    <span class="e-float-line"></span>
```

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</div>
<div id="GenderError"></div>
</div>
<br><br>
<div class="form-group">
  <div class="e-float-input">
    <label>District:</label>
    <input type="text" id="District" name="District"
    data-Name-message="Please enter your District."
    data-required-message="Required field"required
    data-msg-containerid="DistrictError">
    <span class="e-float-line"></span>
```

```
</div>
<div id="DistrictError"></div>
</div>
<br><br>
<div class="form-group">
  <div class="e-float-input">
    <label>Address:</label>
    <input type="text" id="Address" name="Address"
    data-Name-message="Please enter your Address."
    data-required-message="Required field"required
    data-msg-containerid="AddressError">
```

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<span class="e-float-line"></span>
```

```
</div>
```

```
<div id="AddressError"></div>
```

```
</div>
```

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<br><br>
```

```
<!--Interested In Participating in the Tournament Radio Buttons-->
```

```
<label>Interested In Participating in the Tournament:</label>
```

```
<ol><input type="radio" size="50" name="Interested In Participating in the Tournament" value="Yes">Yes</ol>
```

```
<ol><input type="radio" size="50" name="Interested In Participating in the Tournament" value="No">No</ol>
```

```
<br><br>
```

```
<!--Participated in any other Tournaments Radio Buttons-->
```

```
<label>Participated In any other Tournaments:</label>
```

```
<ol><input type="radio" name="Participated in any other Tournaments" value="Yes">Yes</ol>
```

```
<ol><input type="radio" name="Participated in any other Tournaments" value="No">No</ol>
```

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<br><br>
```

```
<!--Rank secured in participated Tournament Radio Buttons-->
```

```
<label>Rank secured in participated Tournament:</label>
```

```
<ol><input type="radio" name="Rank secured in participated Tournament" value="Winner">Winner</ol>
```

```
<ol><input type="radio" name="Rank secured in participated Tournament" value="Runner">Runner</ol>
```

```
<ol><input type="radio" name="Rank secured in participated Tournament" value="2nd Runner">2nd Runner</ol>
```

```
<br><br>
```

```
<div class="form-group">
```

```
<div class="e-float-input">
```

```
<label>Contact Number:</label>
```

```
<input type="text" id="Contact Number" name="Contact Number"
```

```
data-name-message="Please enter your Contact Number."
```

```
data-required-message="Required field"required
```

```
data-msg-containerid="Contact NumberError">
```

```
<span class="e-float-line"></span>
```

```
</div>
```




```

</div>
<br><br>
<div class="form-group">
  <div class="e-float-input">
    <label>E-Mail:</label>
    <input type="text" id="E-Mail" name="E-Mail"
      data-name-message="Please enter your E-Mail."
      data-required-message="Required field" required
      data-msg-containerid="E-Mail Error">
    <span class="e-float-line"></span>

  </div>
  <div id="E-Mail Error" ></div>
</div>
<br><br>
<!--Candidate's Recent Photo-->
<form><label for="Candidate's Recent Photo">Photo:</label>
  <input type="file" id="Candidate's Recent Photo" accept="image/*,.pdf" /></form>
  <br><br>
<button type="submit">Submit</button>
</body>
</html>

```

Chess Tournament Enrollment

Name:

Date Of Birth:

Gender:

District:

Address:

Interested In Participating in the Tournament:

☐ Yes

☐ No

Participated in any other Tournaments:

☐ Yes

☐ No

☐ Yes

☐ No

Participated in any other Tournaments:

☐ Yes

☐ No

Rank secured in participated Tournament:

☐ Winner

☐ Runner

☐ 2nd Runner

Contact Number:

E-Mail:

Photo: No file chosen

