**STUDENT REGISTRATION FORM (ASSIGNMENT NUMBER 1)**

<html>

<head>

<title>Student Registration FormL</title>

<style>

img {

border: 5px solid #000000;

border-radius: 4px;

display: block;

margin-left: auto;

margin-right: auto;

width: 50%;

height: 30%

}

h2{

font-family: Times-new-roman;

font-size: 24px;

font-style: normal;

font-weight: bold;

color: navy;

text-align: center;

text-decoration: none

}

body

{

background-color:cyan

}

h4{

font-family: Times-new-roman;

font-size: 24px;

font-style: normal;

font-weight: bold;

color: black;

text-align: center;

text-decoration: none

}

table{

font-family: sans-serif;

color:red;

font-size: 16px;

font-style: normal;

font-weight: bold;

background: yellow;

border-collapse: collapse;

border: 4px solid #000000;

border-style: solid;

}

input[type=text], input[type=email], input[type=number]{

width: 50%;

padding: 6px 12px;

margin: 5px 0;

box-sizing: border-box;

}

input[type=submit], input[type=reset]{

width: 15%;

padding: 8px 12px;

margin: 5px 0;

box-sizing: border-box;

}

</style>

</head>

<body>

<h2>!!STUDENT REGISTRATION FORM!!</h3>

<h4>(Please fill each and every detail)</h4>

<table align="center" cellpadding = "10">

<img src="C:\Users\Lenovo\Desktop\ESD\image.jpg" alt="image" align="center">

<!--- First Name ------->

<tr>

<td>FIRST NAME</td>

<td><input type="text" name="FirstName" maxlength="50" placeholder="Mayur" />

</td>

</tr>

<!----- Last Name --->

<tr>

<td>LAST NAME</td>

<td><input type="text" name="LastName" maxlength="50" placeholder="Tarfe"

</td>

</tr>

<!-- Email ID --->

<tr>

<td>EMAIL ID</td>

<td><input type="email" name="EmailID" maxlength="100"

placeholder="tarfemayur@gmail.com"/></td>

</tr>

<!---- Mobile Number ----->

<tr>

<td>MOBILE NUMBER</td>

<td>

<input type="text" name="MobileNumber" maxlength="10" placeholder="7720919728"/>

</td>

</tr>

<!---- Gender -------->

<tr>

<td>GENDER</td>

<td>

<select>

<option value="-1">Male</option>

<option value="1">Female</option>

<option value="2">prefer not to say</option>

</select>

</td>

</tr>

<!---Date Of Birth----->

<tr>

<td>DATE OF BIRTH</td>

<td>

<input type="text" name="Date" maxlength="2" placeholder="DATE"/>

<input type="text" name="Month" maxlength="20" placeholder="MONTH"/>

<input type="text" name="Year" maxlength="4" placeholder="YEAR"/>

</td>

</tr>

<!---- Address --->

<tr>

<td>ADDRESS<br /><br /><br /></td>

<td><textarea name="Address" rows="10" cols="50"></textarea></td>

</tr>

<!---- City ----->

<tr>

<td>CITY</td>

<td><input type="text" name="City" maxlength="50" placeholder="Mumbai"/>

</td>

</tr>

<!---- Pin Code--->

<tr>

<td>PIN CODE</td>

<td><input type="Number" name="PinCode" maxlength="6" placeholder="400101"/>

</td>

</tr>

<!--- State ---->

<tr>

<td>STATE</td>

<td><input type="text" name="State" maxlength="50" placeholder="Maharashtra"/>

</td>

</tr>

<!--- Country ----->

<tr>

<td>COUNTRY</td>

<td><input type="text" name="Country" placeholder="India" /></td>

</tr>

<!----- Courses ------->

<tr>

<td>COURSES<br/></td>

<td>

<input type="radio" name="CourseComputerScience" value="ComputerScience">

ComputerScience<br>

<input type="radio" name="CourseElectronicsandTelecommunication"

value="Electronics and Telecommunication">

Electronics and Telecommunication<br>

<input type="radio" name="CourseElectrical" value="Electrical">

Electrical<br>

<input type="radio" name="CourseCivil" value="Civil">

Civil<br>

<input type="radio" name="CourseMechanical" value="Mechanical">

Mechanical<br>

<input type="radio" name="CourseInformationTechnology" value="Information

Technology">

Information Technology<br>

</td>

</tr>

<!---- Submit and clear All ------>

<tr>

<td colspan="2" align="center">

<button type="button" onclick=showAlert("Form submitted successfully")

>SUBMIT</button>

<input type="reset" ></input>

</td>

</tr>

</table>

</form>

</body>

</html>