

Name:Sejal Dnyandev Patil

Roll No:77

Practical No:10

```
<!DOCTYPE html>
<html lang="en">
<head>
<meta charset="UTF-8">
<meta http-equiv="X-UA-Compatible" content="IE=edge">
<meta name="viewport" content="width=device-width, initial-scale=1.0">
<title>Admisssion form</title>
</head>
<body>
<h1>
College Admission Form
</h1>
<hr>
<form action="">

<label for="">First Name:</label>
<input type="text" name="First Name"><br><br>

<label for="">Middle Name:</label>
<input type="text" name="Middle Name"><br><br>

<label for="">Last Name:</label>
<input type="text" name="Last Name">
<br>
<br>
<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>
<option value="MBA">MBA</option>
<option value="MCA">MCA</option>
<option value="M.Tech">M.Tech</option>
</select>
<br><br>
<label for="">Choose Hobbies <br>
<input type="checkbox" >
<label >Dancing</label><br>
<input type="checkbox" >
<label >Singing</label><br><br>
</label>
<label for="">Address:</label><br>
<textarea name="Address" id="" cols="80" rows="3"></textarea><br><br>

<label for="">Gender:</label><br>
<input type="radio" name="gen">Male <br>
<input type="radio" name="gen">Female <br><br>
```

<label>

Phone :

</label>

<input type="text" name="country code" value="+91" size="2"/>

<input type="text" name="phone" size="10"/> <br> <br>

Email:

<input type="email" id="email" name="email"/> <br>

<br>

Password:

<input type="Password" id="pass" name="pass"> <br>

<br>

Re-type password:

<input type="Password" id="repass" name="repass"> <br> <br>

<input type="button" value="Submit"/>

</form>

</body>

</html>