

Registration form

Id:	<input type="text"/>
Country:	<input type="text" value="India"/>
Name:	<input type="text"/>
Course:	<input type="text"/>
Branch:	<input type="text"/>
Gender:	<input checked="" type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other
Rollno:	<input type="text"/>
Hobby:	<input type="checkbox"/> Dancing <input type="checkbox"/> Reading <input checked="" type="checkbox"/> Music
Email_Address:	<input type="text"/>
User_Name:	<input type="text"/>
About Us:	<input type="text"/>
Password:	<input type="password"/>
<input type="button" value="Add"/>	<input type="button" value="clear"/>