

Name:Pratiksha Patil

Roll No:70

Practical No:10

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<!DOCTYPE html>
<html lang="en">
<head>
<title>Document</title>
</head>
<body style="background-image:url(https://thumbs.dreamstime.com/z/apply-college-empty-college-application-for
m-near-coffee-cup-stationery-yellow-background-top-view-apply-college-empty-120076525.jpg);color: black;">
<h1 style="color:black; text-align: center;">
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 >Sports</label><br>
<input type="checkbox" >
<label >Literature</label><br>
<input type="checkbox" >
<label >Arts</label><br>
</label>
<label for="">Address:</label><br>
<textarea name="Address" id="" cols="80" rows="2"></textarea><br>

<label for="">Gender:</label><br>
<input type="radio" name="gen">Male <br>
<input type="radio" name="gen">Female <br><br>
<label for="birthday">Date of Birth:</label>
<input type="date" id="birthday" name="birthday"> <br> <br>
<label> Phone :
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</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>
```