```html
<html>
<head>
</head>

<body>
<form action="#" name="StudenSignupForm"
onsubmit="return(validateHTMlform());">

<div cellpadding="2" width="20%" bgcolor="99FFFF" align="center"
cellspacing="2">

<ul>
<li>
<center><font size=4><b>Student Registration Form</b></font></center>
</li>
</ul>

<ul>
<li>First Name</li>
<li><input type=text name=textnames id="textname" size="30"></li>
</ul>

  <ul>
<li>
  Last Name</li>
<li><input type=text name=lastnames id="lastname" size="30"></li>
</ul>

<ul>
<li>Father Name</li>
<li><input type="text" name="full_father_name" id="fathername"
size="30"></li>
</ul>


<ul>
<li>Address</li>
<li><input type="text" name="personal_address"
id="personaladdress" size="30"></li>
</ul>

<ul>
<li>Gender</li>
<li><input type="radio" name="sex" value="male" size="10">Male
<input type="radio" name="sex" value="Female" size="10">Female</li>
</ul>


<ul>
```

```html
<li>City</li>
<li><select name="City">
<option value="-1" selected>select..</option>
<option value="KOLKATA">KOLKATA</option>
<option value="CHENNAI">CHENNAI</option>
<option value="PUNE">PUNE</option>
<option value="JAIPUR">JAIPUR</option>
</select></li>
</ul>

<ul>
<li>Course</li>
<li><select name="Course">
<option value="-1" selected>select..</option>
<option value="B.Tech">B.TECH</option>
<option value="MCA">MCA</option>
<option value="MBA">MBA</option>
<option value="BCA">BCA</option>
</select></li>
</ul>



<ul>
<li>State</li>
<li><select Name="State">
<option value="-1" selected>select..</option>
<option value="New Delhi">NEW DELHI</option>
<option value="Mumbai">MUMBAI</option>
<option value="Goa">GOA</option>
<option value="Bihar">BIHAR</option>
</select></li>
</ul>

  <ul>
<li>District</li>
<li><select name="Disulict">
<option value="-1" selected>select..</option>
<option value="Nalanda">NALANDA</option>
<option value="UP">UP</option>
<option value="Goa">GOA</option>
<option value="Patna">PATNA</option>
</select></li>

</ul>

<ul>
<li>PinCode</li>
```

```html
<li><input type="text" name="pin_code" id="pincode" size="30"></li>

</ul>
<ul>
<li>student email</li>
<li><input type="text" name="email_id" id="emailid" size="30"></li>
</ul>

<ul>
<li>Date Of Birth</li>
<li><input type="text" name="date_of_birth" id="dob" size="30"></li>
</ul>

<ul>
<li>Mobile Number</li>
<li><input type="text" name="mobilenumber" id="mobile_no" size="30"></li>
</ul>
<ul>
<li><input type="reset"></li>
<li colspan="2"><input type="submit" value="Submit Form" /></li>
</ul>
</div>
</form>
</body>
</html>
```

Student Registration Form

First Name

Last Name

Father Name

Address

Gender

○ Male ○ Female

City

select..

Course

select..

State

select..

District

select..

PinCode

student email

Date Of Birth

Mobile Number

Reset

Submit Form