experiment10.html

```
1
                     <html>
      2
      3
                      <head>
     4
                                            <h1>REGISTRATION FORM</h1>
     5
                      </head>
      6
     7
                      <body>
     8
                                            <form>
     9
                                                                    10
                                                                                         >
                                                                                                                 >
11
                                                                                                                                        <b>NAME:</b>
12
13
                                                                                                                 <input type="text">
14
15
                                                                                          16
                                                                                           17
                                                                                                                 >
18
                                                                                                                                        <b>DOB:</b>
19
                                                                                                                 20
                                                                                                                 <input type="text">
21
                                                                                          22
                                                                                           23
                                                                                                                 24
                                                                                                                                        <br/>
<br/>
description <br/>
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description <br/>
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description <br/>
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description <br/>

25
                                                                                                                <input type="radio" value="Male" id="a" name="a">Male
26
27
                                                                                                                                        input type="radio" value="Female" id="a" name="a">Female
28
                                                                                                                 29
                                                                                          30
                                                                                           31
                                                                                                                 >
32
                                                                                                                                        <b > LANGUAGE KNOWN: </b>
33
                                                                                                                 <input type="Checkbox">Telugu
34
35
                                                                                                                                        <input type="Checkbox">English
                                                                                                                                        <input type="Checkbox">Hindi
36
37
                                                                                                                                        <input type="Checkbox">Korean
38
                                                                                                                 39
40
41
                                                                                           42
                                                                                                                 >
                                                                                                                                        <br/>

43
                                                                                                                 44
                                                                                                                 <input type="text">
45
46
                                                                                          47
                                                                                           48
                                                                                                                 >
49
                                                                                                                                        <br/>
<br/>
b>PHONE NUMBER:</b>
50
                                                                                                                 51
                                                                                                                 <input type="number">
                                                                                           52
53
                                                                                           54
                                                                                                                 >
55
                                                                                                                                        <br/>
<br/>
ADDRESS:</b>
56
                                                                                                                 <textarea rows="3" cols="30"></textarea>
```

```
58
           59
           60
              <input type="Submit" />
              <input type="Reset" />
61
62
           63
     </form>
64
65
  </body>
66
67
  </html>
```