

PROGRAM NO:5

Aim: Demonstrate a registration form using HTML

Code:-

Form.html

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<html>

<head>

<title>STUDENT DETAILS UPDATION</title>

</head>

<body>

<form>

<fieldset>

<legend>DETAILS</legend>

<h3>REGISTRATION FORM</h3>

ADMISSION NO<input type="text" name="number"><br> <br>

FIRST NAME<input type="text" name="name"><br><br>

LAST NAME<input type="text" name="name"><br><br>

GENDER<input type="radio" value="male" name="gender">male<input type="radio" value="female" name="gender">female<input
type="radio" value="others" name="gender">others<br><br>

ADDRESS<br> <textarea cols="80" rows="5" value="address">

</textarea>

<br> <br>

STATE<select>

<option>Kerala</option>

<option>Tamilnadu</option>

<option>Goa</option>

</select><br><br>

PHONE NO<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>

QUALIFICATIONS :<input type="checkbox" name="SSLC">SSLC<input type="checkbox" name="HSE/VHSE">HSE/VHSE<input
type="checkbox" name="DEGREE">DEGREE<input type="checkbox" name="PG">PG<br><br>

PROGRAMME NAME<select>

<option>MCA</option>

<option>Civil</option>

<option>Electronics and Communication</option>

<option>Electronics and Electrical</option>
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<option>Mechanical</option>

<option>CS/IT</option>

</select><br><br>

SEMESTER<select>

<option>I</option>

<option>II</option>

<option>III</option>

<option>IV</option>

<option>V</option>

<option>VI</option>

<option>VII</option>

<option>VIII</option>

</select><br><br>

SUBMIT<input type="button" name="SUBMIT" value="SUBMIT">

</fieldset>

</form>

</body>

</html>
```

DETAILS
<b>REGISTRATION FORM</b>
ADMISSION NO 20M039
FIRST NAME GOPIKA
LAST NAME P
GENDER <input type="radio"/> male <input checked="" type="radio"/> female <input type="radio"/> others
ADDRESS KALIKATTU PARAMBU PUNNAPRA P.O ALAPPUZHA-688004
STATE Kerala
PHONE NO +91 8086798529
EMAIL gopugrasi@gmail.com
QUALIFICATIONS : <input checked="" type="checkbox"/> SSLC <input checked="" type="checkbox"/> HSE/VHSE <input checked="" type="checkbox"/> DEGREE <input type="checkbox"/> PG
PROGRAMME NAME MCA
SEMESTER I
SUBMIT SUBMIT