<!DOCTYPE html>

<html>

<head>

<title>Student Information Form</title>

</head>

<body>

<form style="background-color:#66d9ff;width: 500px;height: 600px">

<h2 style="color:red"><b><ins>Student Registration Form in HTML</ins></b></h2>

<label for="firstname">First Name :</label>

<input type="text" name="firstname" id="\_firstname">

<label>(Max 50 Characters Allowed)</label>

<br><br>

<label for="lastname">Last Name :</label>

<input type="text" name="lastname" id="\_lastname">

<label>(Max 50 Characters Allowed)</label>

<br><br>

<label>Email Id :</label>

<input type="username" name="emailid" id="\_emailid" placeholder="abc34@gmail.com">

<br><br>

<label>Mobile Number :</label>

<input type="text" name="mobilenumber" id="\_mobilenumber">

<label>(10 Digit Allowed)</label>

<br><br>

<label>Gender</label>

<input type="radio" name="gender" id="\_male">

<label for="\_male">Male</label>

<input type="radio" name="gender" id="\_female">

<label for="\_female">Female</label>

<input type="radio" name="gender" id="\_other">

<label for="\_other">Other</label>

<br><br>

<label>Date Of Birth(DOB)</label>

<input type="date" name="date" id="\_day">

<br><br>

<label style="position:middle ">Address :</label>

<textarea name="address" style="width: 200px;height: 100px" id="\_address"></textarea>

<br><br>

<label> City :</label>

<input type="text" name="city" id="\_city">

<label>(Max 50 Characters Allowed)</label>

<br><br>

<label>Pin code :</label>

<input type="text" name="pincode" id="\_pincode">

<label>(Max 6 Numbers Allowed)</label>

<br><br>

<label id="\_state">State :</label>

<select id="\_state" name="state">

<option value="select">Select</option>

<option value="Maharashtra">Maharashtra</option>

<option value="AndhraPradesh">Andhra Pradesh</option>

<option value="ArunachalPradesh">Arunachal Pradesh</option>

<option value="Assam">Assam</option>

<option value="Chhattisgarh">Chhattisgarh</option>

<option value="Goa">Goa</option>

<option value="Gujarat">Gujarat</option>

<option value="Haryana">Haryana</option>

<option value="HimachalPradesh">Himachal Pradesh</option></select>

<br><br>

<label id="\_country">Country :</label>

<select id="\_country" name="country">

<option value="select">Select</option>

<option value="india">India</option>

<option value="usa">USA</option>

<option value="japan">Japan</option></select>

<br><br>

<input type="submit" name="Submit" id="\_submit" style="background-color: green">

<input type="reset" name="Reset" id="\_reset" style="background-color: red">

</form>

</body>

</html>