<!DOCTYPE html>

<html>

<head>

<title>Information Form</title>

</head>

<body>

<form><label for="cname">college Name:</label>

<input type="text" id="name" name="MGM'S College of Engineering, Nanded"><br><br>

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

<input type="text" id="name" name="Rutuja"><br><br>

<label for="lname">Last name:</label>

<input type="text" id="Last name" name="Patil"><br><br>

<label for="Bname">Branch name:</label>

<input type="text" id="Last name" name="computer science and engineering"><br><br>

<label for="cname">class name:</label>

<textarea id="text" name="SY-B" rows="4"></textarea><br><br>

<label for="city">City:</label>

<input type="text" id="city" name="Nanded"><br><br>

<input type="submit" value="Submit">

</form>

</body>

</html>

Output:

