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<!DOCTYPE html>
<html lang="en">
<head>
  <meta charset="UTF-8">
  <title>Admission Form</title>
  <style>
    * {
      box-sizing: border-box;
    }

    body {
      border: 10px solid #b2abab;
      margin: auto;
      font-family: Arial, sans-serif;
      max-width: 800px;
      padding: 0;
    }

    .main {
      display: flex;
      flex-direction: column;
      min-height: 100vh;
      padding: 20px;
      background: white;
      border-top: 20px solid #f89a00;
      box-shadow: 0px 0px 15px 16px #80808080;
      position: relative;
    }

    .heading {
      text-align: center;
      text-decoration: underline;
    }

    .combine {
      display: flex;
      flex-wrap: wrap;
      justify-content: space-between;
      gap: 20px;
    }

    .tt {
      flex: 1 1 60%;
      min-width: 250px;
    }

    .photo-box {
      border: 1px dotted #000;
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    width: 120px;
    height: 150px;
    display: flex;
    justify-content: center;
    align-items: center;
    overflow: hidden;
    text-align: center;
    font-size: 14px;
    flex-shrink: 0;
}

.photo-box img {
    width: 120px;
    height: 150px;
    object-fit: cover;
}

.box1, .box2, .box3, .box4, .downbox {
    background-color: lch(72.26% 82.91 68.66);
    color: white;
    display: flex;
    justify-content: center;
    align-items: center;
    clip-path: polygon(0 0, 80% 0, 100% 100%, 0 100%);
    margin-bottom: 10px;
}

.box1, .box2 {
    width: 200px;
    height: 40px;
}

.box3 {
    width: 100%;
    height: 40px;
    margin-top: 0;
}

.box4 {
    width: 400px;
    height: 10px;
    margin-bottom: 0;
}

.downbox {
    width: 17%;
    height: 10px;
}
```

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.in, .zip, .e, .ini, .int {
    border: 1px dotted #000;
    outline: none;
    height: 25px;
}

.in {
    width: 100%;
}

.zip {
    width: 100px;
}

.e {
    width: 300px;
}

.ini {
    width: 100%;
}

.int {
    width: 100%;
}

.cn {
    margin-right: 40%;
}

.date {
    width: 31px;
    height: 27px;
    margin-right: 2px;
}

.container {
    text-decoration: overline dotted;
    margin-left: 70%;
    margin-bottom: 10%;
}

table {
    width: 100%;
    border-spacing: 10px;
}
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    td {
        vertical-align: middle;
    }

    label {
        white-space: nowrap;
    }

    .para {
        margin-left: 1%;
        margin-right: 1%;
    }

    .signature-box {
        position: absolute;
        right: 20px;
        bottom: 70px;
        text-align: center;
    }

    .signature-line {
        border-top: 1px dotted black;
        width: 200px;
        margin-bottom: 5px;
    }

    .signature-label {
        font-size: 14px;
    }
</style>
</head>
<body>
    <div class="main">
        <h2 class="heading">Admission Form</h2>
        <div class="combine">
            <div class="tt">
                <table>
                    <tr>
                        <td style="width: 130px;"><label for="nam">Your's
Name</label></td>
                        <td><input type="text" name="nam" id="uname"
class="ini"/></td>
                    </tr>
                    <tr>
                        <td><label for="fnam">Father's Name</label></td>
                        <td><input type="text" name="fnam" id="fan" class="ini"/></td>
                    </tr>
                    <tr>

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        <td><label for="mnam">Mother's Name</label></td>
        <td><input type="text" name="mnam" id="man" class="ini"/></td>
    </tr>
</table>
</div>
<div class="photo-box">
    
</div>
</div>

<table>
    <tr>
        <td style="width: 130px;">Gender:</td>
        <td><input type="checkbox" name="male" id="m" class="in"></td>
        <td><label for="male">Male</label></td>
        <td><input type="checkbox" name="female" id="f" class="in"></td>
        <td><label for="female">Female</label></td>
        <td>Date of birth:</td>
        <td colspan="7">
            <input type="number" name="d1" class="date" placeholder="D">
            <input type="number" name="d2" class="date" placeholder="D">
            <input type="number" name="m1" class="date" placeholder="M">
            <input type="number" name="m2" class="date" placeholder="M">
            <input type="number" name="y1" class="date" placeholder="Y">
            <input type="number" name="y2" class="date" placeholder="Y">
            <input type="number" name="y3" class="date" placeholder="Y">
            <input type="number" name="y4" class="date" placeholder="Y">
        </td>
    </tr>
</table>

<table>
    <tr>
        <td>Residence status:</td>
        <td><input type="checkbox" id="rs" name="rs" class="in"></td>
        <td><label for="rs">Resident</label></td>
        <td><input type="checkbox" id="nrs" name="rs" class="in"></td>
        <td><label for="nrs">Non Resident</label></td>
        <td>Marital status:</td>
        <td><input type="checkbox" id="mrs" name="rs" class="in"></td>
        <td><label for="mrs">Married</label></td>
        <td><input type="checkbox" id="nmrs" name="rs" class="in"></td>
        <td><label for="nmrs">Unmarried</label></td>
    </tr>
</table>

<table>
    <tr>

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        <td><label for="rel">Religion:</label></td>
        <td><input type="text" name="rel" id="reli" class="int"></td>
        <td><label for="nat">Nationality:</label></td>
        <td><input type="text" name="nat" id="nati" class="int"></td>
    </tr>
    <tr>
        <td><label for="idno">National ID No:</label></td>
        <td><input type="number" name="idno" id="no" class="int"></td>
        <td><label for="pass">Passport No:</label></td>
        <td><input type="text" name="pass" id="pass" maxlength="8"
class="int"></td>
    </tr>
    <tr>
        <td><label for="lic">Driving license:</label></td>
        <td><input type="text" name="lic" id="dlic" maxlength="15"
class="int"></td>
        <td><label for="tn">TN ID No:</label></td>
        <td><input type="number" name="tn" id="tno" maxlength="8"
class="int"></td>
    </tr>
</table>

<br>Other ID Number (In case National ID/Passport ID not available)<br><br>

<div class="box1">Present Address</div>

<table>
    <tr>
        <td><label for="hn">House Number:</label></td>
        <td><input type="number" name="hn" id="hno1" class="in"></td>
        <td><label for="city">City:</label></td>
        <td><input type="text" name="city" id="city1" class="in"></td>
        <td><label for="zc">Zip Code:</label></td>
        <td><input type="number" name="code" id="zc1" maxlength="6"
class="zip"></td>
        <td><label for="county">Country:</label></td>
        <td><input type="text" name="coun" id="county1" class="in"></td>
    </tr>
    <tr>
        <td><label for="pn">Phone Number:</label></td>
        <td><input type="number" name="pn" id="pno1" class="in"></td>
        <td><label for="fax">Fax:</label></td>
        <td><input type="number" name="fax" id="fax1" class="in"></td>
        <td><label for="eid">Email:</label></td>
        <td><input type="text" name="eid" id="email1" class="in"></td>
    </tr>
</table>

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<br>
<div class="box2">Permanent Address </div>

<table>
  <tr>
    <td><label for="hn">House Number:</label></td>
    <td><input type="number" name="hn" id="hno2" class="in"></td>
    <td><label for="city">City:</label></td>
    <td><input type="text" name="city" id="city2" class="in"></td>
    <td><label for="zc">Zip Code:</label></td>
    <td><input type="number" name="code" id="zc2" maxlength="6"
class="zip"></td>
    <td><label for="county">Country:</label></td>
    <td><input type="text" name="coun" id="county2" class="in"></td>
  </tr>
  <tr>
    <td><label for="pn">Phone Number:</label></td>
    <td><input type="number" name="pn" id="pno2" class="in"></td>
    <td><label for="fax">Fax:</label></td>
    <td><input type="number" name="fax" id="fax2" class="in"></td>
    <td><label for="eid">Email:</label></td>
    <td><input type="text" name="eid" id="email2" class="in"></td>
  </tr>
</table>
<br>
<div class="para">
  <p>We are provided the good job of the many job review. I accept from the
good offer and googlemandatory and the goods from the awesome service name and provide
new of the good creative job offer accept thanks.</p>
</div>

<div class="box4"></div><br>

<div class="box3"></div>

<div class="signature-box">
  <div class="signature-line"></div>
  <div class="signature-label">Applicant's Signature</div>
</div>
</div>
</body>
</html>

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