

BATCH – AIML-B1 (FS3)

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<!DOCTYPE html>
<html lang="en">
<head>
    <meta charset="UTF-8">
    <meta name="viewport" content="width=device-width, initial-scale=1.0">
    <title>Student Registration Form</title>
    <style>
        body {
            font-family: Arial, sans-serif;
            margin: 20px;
        }
        table {
            width: 60%;
            margin: auto;
            border-collapse: collapse;
        }
        td {
            padding: 10px;
            vertical-align: top;
        }
        input, select, textarea {
            width: 250px;
            padding: 5px;
        }
        .small-input {
            width: 60px;
        }
        textarea {
            width: 250px;
            height: 50px;
        }
        .buttons {
            text-align: center;
        }
        .hobbies-container {
            display: flex;
            flex-wrap: wrap;
            gap: 10px;
        }
        .hobbies-container input {
            width: auto;
        }
        .qualification-table {
            width: 100%;
            border-collapse: collapse;
            text-align: center;
        }
    </style>

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        .qualification-table th, .qualification-table td {
            border: 1px solid black;
            padding: 8px;
        }
        .course-options {
            display: flex;
            flex-direction: row;
            gap: -110px;
        }
        .gender-options {
            margin-left: -110px;
        }
    </style>
</head>
<body>

    <h2 style="text-align: center;">STUDENT REGISTRATION FORM</h2>
    <form>
        <table border="0">
            <tr>
                <td>FIRST NAME</td>
                <td><input type="text" maxlength="30" required> (max 30 characters a-z and
A-Z)</td>
            </tr>
            <tr>
                <td>MIDDLE NAME</td>
                <td><input type="text" maxlength="30"> (max 30 characters a-z and A-
Z)</td>
            </tr>
            <tr>
                <td>LAST NAME</td>
                <td><input type="text" maxlength="30"> (max 30 characters a-z and A-
Z)</td>
            </tr>
            <tr>
                <td>DATE OF BIRTH</td>
                <td>
                    <select class="small-input">
                        <option>Day</option>
                        <option>1</option>
                        <option>2</option>
                        <option>3</option>
                        <option>4</option>
                        <option>5</option>
                        <option>6</option>
                        <option>7</option>
                        <option>8</option>
                        <option>9</option>
                        <option>10</option>
                        <option>11</option>
                        <option>12</option>
                        <option>13</option>
                        <option>14</option>
                        <option>15</option>
                    </select>
                </td>
            </tr>
        </table>
    </form>

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<option>16</option>
<option>17</option>
<option>18</option>
<option>19</option>
<option>20</option>
<option>21</option>
<option>22</option>
<option>23</option>
<option>24</option>
<option>25</option>
<option>26</option>
<option>27</option>
<option>28</option>
<option>29</option>
<option>30</option>
<option>31</option>
</select>
<select class="small-input">
  <option>Month</option>
  <option>January</option>
  <option>February</option>
  <option>March</option>
  <option>April</option>
  <option>May</option>
  <option>June</option>
  <option>July</option>
  <option>August</option>
  <option>September</option>
  <option>October</option>
  <option>November</option>
  <option>December</option>
</select>
<select class="small-input">
  <option>Year</option>
  <option>2000</option>
  <option>2001</option>
  <option>2002</option>
  <option>2003</option>
  <option>2004</option>
  <option>2005</option>
  <option>2006</option>
  <option>2007</option>
  <option>2008</option>
  <option>2009</option>
  <option>2010</option>
  <option>2011</option>
  <option>2012</option>
  <option>2013</option>
  <option>2014</option>
  <option>2015</option>
  <option>2016</option>
  <option>2017</option>
  <option>2018</option>
  <option>2019</option>
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        <option>2020</option>
        <option>2021</option>
        <option>2022</option>
        <option>2023</option>
        <option>2024</option>
    </select>
</td>

</tr>
<tr>
    <td>EMAIL ID</td>
    <td><input type="email" required></td>
</tr>
<tr>
    <td>MOBILE NUMBER</td>
    <td><input type="text" maxlength="10" required> (10 digit number)</td>
</tr>
<tr>
    <td>GENDER</td>
    <td>
        Male<input type="radio" name="gender" class="gender-options">
        Female<input type="radio" name="gender" class="gender-options">
    </td>
</tr>
<tr>
    <td>ADDRESS</td>
    <td><textarea></textarea></td>
</tr>
<tr>
    <td>CITY</td>
    <td><input type="text" maxlength="30"> (max 30 characters a-z and A-
Z)</td>
</tr>
<tr>
    <td>PIN CODE</td>
    <td><input type="text" maxlength="6"> (6 digit number)</td>
</tr>
<tr>
    <td>STATE</td>
    <td><input type="text" maxlength="30"> (max 30 characters a-z and A-
Z)</td>
</tr>
<tr>
    <td>COUNTRY</td>
    <td><input type="text" value="India" readonly></td>
</tr>
<tr>
    <td>HOBBIES</td>
    <td>
        <div class="hobbies-container">
            <label><input type="checkbox"> Coding</label>
            <label><input type="checkbox"> Blog-Writing</label>
            <label><input type="checkbox"> Hacking</label>
            <label><input type="checkbox"> Cricket</label>
        </div>
    </td>
</tr>

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                <label>Others <input type="text" class="small-input"></label>
            </div>
        </td>
    </tr>
    <tr>
        <td>QUALIFICATION</td>
        <td>
            <table class="qualification-table">
                <tr>
                    <th>Sl.No.</th>
                    <th>Examination</th>
                    <th>Board</th>
                    <th>Percentage</th>
                    <th>Year of Passing</th>
                </tr>
                <tr>
                    <td>1</td>
                    <td>Class X</td>
                    <td><input type="text" maxlength="10" class="small-
input"></td>
                    <td><input type="text" maxlength="5" class="small-input"></td>
                    <td><input type="text" maxlength="4" class="small-input"></td>
                </tr>
                <tr>
                    <td>2</td>
                    <td>Class XII</td>
                    <td><input type="text" maxlength="10" class="small-
input"></td>
                    <td><input type="text" maxlength="5" class="small-input"></td>
                    <td><input type="text" maxlength="4" class="small-input"></td>
                </tr>
                <tr>
                    <td>3</td>
                    <td>Graduation</td>
                    <td><input type="text" maxlength="10" class="small-
input"></td>
                    <td><input type="text" maxlength="5" class="small-input"></td>
                    <td><input type="text" maxlength="4" class="small-input"></td>
                </tr>
                <tr>
                    <td>4</td>
                    <td>Masters</td>
                    <td><input type="text" maxlength="10" class="small-
input"></td>
                    <td><input type="text" maxlength="5" class="small-input"></td>
                    <td><input type="text" maxlength="4" class="small-input"></td>
                </tr>
            </table>
        </td>
    </tr>
    <tr>
        <td>COURSES APPLIED FOR</td>
        <td>
            <div class="course-options">

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        B.Tech<input type="radio" name="course">
        M.Tech<input type="radio" name="course">
        PhD<input type="radio" name="course">
        MS<input type="radio" name="course">
    </div>
</td>
</tr>
<tr class="buttons">
    <td colspan="2" style="text-align: center;">
        <input type="submit" value="Submit">
        <input type="reset" value="Reset">
    </td>
</tr>
</table>
</form>

</body>
</html>

```

Output

STUDENT REGISTRATION FORM

FIRST NAME (max 30 characters a-z and A-Z)

MIDDLE NAME (max 30 characters a-z and A-Z)

LAST NAME (max 30 characters a-z and A-Z)

DATE OF BIRTH

EMAIL ID

MOBILE NUMBER (10 digit number)

GENDER ☒ Male ☐ Female

ADDRESS

CITY (max 30 characters a-z and A-Z)

PIN CODE (6 digit number)

STATE (max 30 characters a-z and A-Z)

COUNTRY

HOBBIES ☒ Coding ☐ Blog-Writing ☒ Hacking ☐ Cricket Others

QUALIFICATION

Sl.No.	Examination	Board	Percentage	Year of Passing
1	Class X	<input type="text" value="CBSE"/>	<input type="text" value="82"/>	<input type="text" value="2019"/>
2	Class XII	<input type="text" value="CBSE"/>	<input type="text" value="82"/>	<input type="text" value="2021"/>
3	Graduation	<input type="text" value="BTECH"/>	<input type="text" value="75"/>	<input type="text" value="2026"/>
4	Masters	<input type="text" value="MS"/>	<input type="text" value="75"/>	<input type="text" value="2048"/>

COURSES APPLIED FOR ☒ B.Tech ☐ M.Tech ☐ PhD ☐ MS