<html>  
    <head>  
        <title>Form Registration</title>  
    </head>  
    <body>  
        <form name="registration" action="successpage.html">  
            <div>  
                <label for="fullName">  
                    FullName  
                  </label>  
                  <input type="text" id="fullName" minlength="3" maxlength="100" name="registerfullName" required>  
            </div>  
            <div>  
                <label for="email">  
                    Email  
                </label>  
                <input type="email" id="email" minlength="4" maxlength="100" name="registrationEmail" required>  
            </div>  
            <div>  
                <label for="password">  
                    Password  
                </label>  
                <input type="password"  id="password" name="registrationPassword" minlength="3" maxlength="100" required>  
            </div>  
            <div>  
                <label for="confirmPassword">  
                   confirm Password  
                </label>  
                <input type="password"  id="confirmPassword" name="confirmPassword" minlength="3" maxlength="100" required>  
            </div>  
            <div>  
                <label for="dob">  
                    Date of Birth  
                </label>  
                <input type="date" id="dob" name="registrationdob" required>  
            </div>  
            <div>  
               <h5> Select Gender:</h5>  
                <input type="radio" id="male" name="gender" value="male" checked required>  
                <label for="male">  
                    Male  
                  </label>  
                <input type="radio" id="female" name="gender" value="female" required>  
                <label for="female">  
                    Female  
             </label>  
            </div>  
            <div>  
                <h5>Select the city:</h5>  
                <input type="checkbox" id="delhi" name="registrationDelhi" checked value="delhi">  
                <label for="delhi">  
                   Delhi  
                </label>  
                <input type="checkbox" id="Mumbai" name="registrationMumbai"  value="mumbai">  
                <label for="Mumbai">  
                    Mumbai  
                </label>  
                <input type="checkbox" id="Bangalore" name="registrationBangalore"  value="bangalore">  
                <label for="Bangalore">  
                    Bangalore  
                </label>  
            </div>  
            <div>  
                <label for="category">  
                    Please Select the Age category  
                </label>  
                <select id="category" name="registrationCategory" required>  
                       <option value="10">10-15</option>  
                       <option value="20">20-35</option>  
                       <option value="30">40-55</option>  
                       <option value="60">60-75</option>  
                       <option value="70">80-95</option>  
                       <option value="90">100</option>  
                </select>  
            </div>  
            <div>  
                <label for="phone">  
                    Phone Number  
                </label>  
                <input type="text" id="phone" minlength="10" maxlength="10" name="registrationPhone" required>  
            </div>  
            <div>  
                <label for="comment">  
                    Comment  
                </label>  
                <textarea id="comment" name="registrationComment"></textarea>  
            </div>  
            <div>  
                <label for="profile">  
                    Linkedin Profile  
                </label>  
                <input type="url" id="profile" name="registrationProfile" required>  
            </div>  
             <input type="hidden" name="token" value="456645444">             <div>  
                 <!-- <input type="submit" value="Submit" name="submit"> -->  
                 <!-- <input type="image" src=""> -->  
                 <button type="submit" name="submit">Submit</button>  
                 <input type="reset" value="clear">  
             </div>        </form>  
    </body>  
</html>