NAME: SHREYASH MAHESH MAMIDWAR ROLL NO: 22 Practical No. 6: Create a Webpage using Form Element

Program : Webpage Using Form Element

```
<html>
                                                     <br>><br>>
<head><center>Registration Form</center>
                                                    Gender:
  <style>
                                                    <input type="radio" name="gender">Male
    * {
                                                    <input type="radio" name="gender">Female
       border: 2px solid black;
                                                    <input type="radio" name="gender">Other
                                                    <br>><br>>
                                                    Date Of Birth : <input type="date"><br><br>
                                                    Age : <input type="number"
    #main {
                                                 name=""><br><br>>
       width:600px;
       height:auto;
                                                    Mobile : <input type="text"><br><br>
       overflow:hidden;
                                                    Address: <br/>
textarea cols="40"
       padding-bottom:20px;
                                                 rows="10"></textarea><br>>br>
       margin-left:auto;
       margin-right:auto;
                                                    <input type="submit" value="SUBMIT">
       border-radius:5px;
                                                    <input type="reset" value="RESET"><br>
       padding-left:10px;
                                                    </h3>
       margin-top:100px;
                                                    </form>
       border-top:3px double #f1f1f1;
                                                 </div>
       border-bottom:3px double #f1f1f1;
                                                 </body>
                                                 </html>
padding-top:20px;
  </style>
</head>
<body style="background-color: rgb(161, 235,</pre>
211);">
  <div id="main">
  <form name="Form 1">
  < h3 >
  First Name : <input type="text"><br><br>
  Middle Name : <input type="text"><br><br>
  Last Name : <input type="text"><br><br>
  Password : <input type="password"><br><br>
  Retype Password: <input
type="password"><br><br>
  Branch:
  <select>
    <option value="branch">Branch</option>
    <option value="if">IF</option>
    <option value="cm">CM</option>
    <option value="ej">EJ</option>
    <option value="me">ME</option>
    <option value="ee">EE</option>
  </select>
```

OUTPUT:

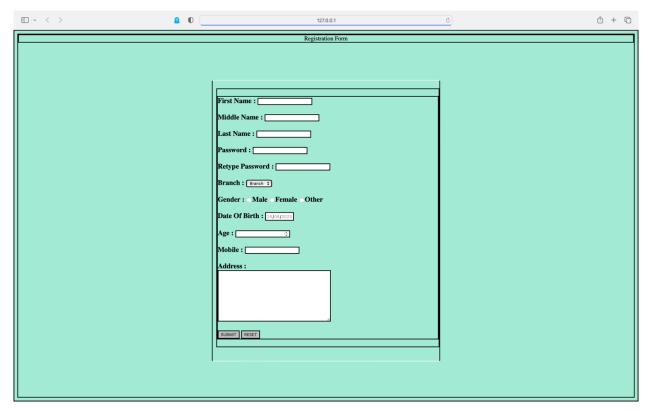


Fig. Before Filling Data

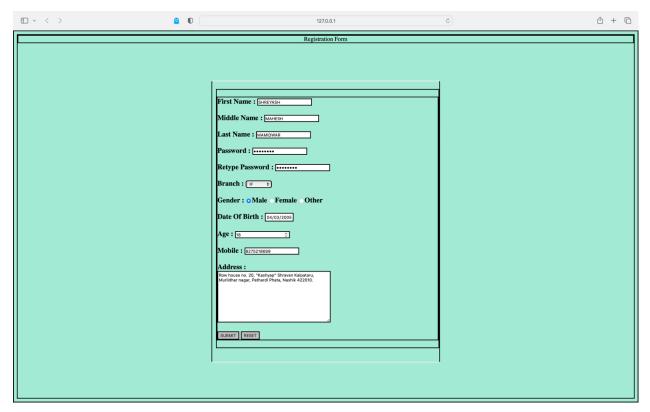


Fig. After Filling Data