



Registration Form

Personal Information

First Name :	<input type="text" value="Enter your first name"/>
Last Name :	<input type="text" value="Enter your last name"/>
Email :	<input type="text" value="Enter your email"/>
Password :	<input type="password" value="Enter your password"/>
Date of Birth :	<input type="text" value="dd-mm-yyyy"/> 
Mobile Number :	<input type="text" value="Enter your mobile number"/>
Gender :	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other
Country :	<input type="text" value="India"/> 
Hobbies :	<input type="checkbox"/> Reading <input type="checkbox"/> Travelling <input type="checkbox"/> Sports <input type="checkbox"/> Music
Address :	<input type="text" value="Enter your address"/>
Upload Photo :	<input type="button" value="Choose File"/> No file chosen
Website (if any) :	<input type="text" value="Enter your website URL"/>