Forms:

<!DOCTYPE html>

<html lang="en">

<head>

<meta charset="UTF-8">

<meta http-equiv="X-UA-Compatible" content="IE=edge">

<meta name="viewport" content="width=device-width, initial-scale=1.0">

<title>Document</title>

</head>

<body bgcolor="red">

<h3>You Have succussfully Submitted the Registration Form</h3>

welcome to virtusa

</body>

</html>

<!DOCTYPE html>

<html lang="en">

<head>

<title>Document</title>

<style>

body{

background-image: url("Jellyfish.jpg");

text-align:center;

color:chartreuse;

font-family:Georgia;

font-size:20px;

}

a{

color:"blue";

text-decoration: none;

}

table{

width:400px;

margin:20px auto;

}

h1{

color:tomato;

font-size: 50px;

}

input[type="text"],[type="date"],[type="num"],[type="email"],[type="password"]{

width:250px;

height:20px;

text-align:center;

font-size:15px;

font-style: oblique;

margin-top:10px;

padding: 2px;

border:2px solid yellow;

border-radius:8px;

}

input[type="radio"]{

width:15px;

height:20px;

font-size:20px;

margin:10px;

padding:5px;

}

input[type="submit"]{

background-color:#456743;

border:2px solid white;

font-family:georgia;

font-weight:bold;

margin-top:5px;

cursor:pointer;

border-radius:8px;

width:100px;

height:30px;

font-size: 20px;

}

label[name="checkbox"] {

display: block;

padding-left: 15px;

text-indent: -15px;

}

input[type="checkbox"] {

width: 15px;

height: 15px;

padding: 0;

margin: 0;

vertical-align: bottom;

position: relative;

top: -1px;

}

input:hover{

background-color: salmon;

color:springgreen;

}

select:hover{

background-color: salmon;

color:springgreen;

}

</style>

</head>

<body bgcolor="blue" text="white" text-align:center>

<h1 align="center">Registration form</h1>

<form action="welcome.html">

<table>

<tr>

<td>

<label>Fname:</label>

<input type="text" size="30" name="Fname" required/><br/>

</td>

</tr>

<tr>

<td>

<label>Lname:</label>

<input type="text" size="30" name="Lname" required/><br/>

</td>

</tr>

<tr>

<td>

<label>Email:</label>

<input type="email" size="30" name="Email" required/><br/>

</td>

</tr>

<tr>

<td>

<label>DOB:</label>

<input type="date" name="DOB" required/><br/>

</td>

</tr>

<tr>

<td>

<label>Gender:</label>

<input type="radio" name="gender"/>Male

<input type="radio" name="gender"/>FeMale

<br/>

</td>

</tr>

<tr>

<td>

<label>Skills:</label>

<input type="checkbox" name="skills"/>java<br/>

<input type="checkbox" name="skills"/>c<br/>

<input type="checkbox" name="skills"/>sql<br/>

<input type="checkbox" name="skills"/>html<br/>

<input type="checkbox" name="skills"/>css<br/>

<input type="checkbox" name="skills"/>javascript

<br/>

</td>

</tr>

<tr>

<td>

<label>PhoneNum:</label>

<input type="num" maxlength="10" size="30" name="Email" required/><br/>

</td>

</tr>

<tr>

<td>

<label>Resume:</label>

<input type="file" name="resume" required/><br/>

</td>

</tr>

<tr>

<td>

<select name="state">

<option value="select state">select state</option>

<option value="andhra Pradesh">Andhra Pradesh</option>

<option value="Karnataka">Karnataka</option>

<option value="Tamilnadu">Tamilnadu</option>

<option value="Panjab">Panjab</option>

</select><br/>

</td>

</tr>

<tr>

<td>

<label>Address:</label>

<textarea rows="5" columns="50"></textarea><br/>

</td>

</tr>

<tr>

<td>

<input type="submit" value="register" target:"\_blank" />

</td>

</tr>

<tr>

<td>

<label text-align="center">Already Registered</label>

<a href="welcome.html" text-decoration:"underline" target="\_blank" color:"blue">Login Here</a>

</td>

</tr>

</table>

</form>

</body>

</html>