

Student Registration Form	
Name	<input type="text"/>
Father Name	<input type="text"/>
Postal Address	<input type="text"/>
Personal Address	<input type="text"/>
Sex	<input type="radio"/> Male <input type="radio"/> Female
City	<input type="text" value="select"/>
Course	<input type="text" value="select"/>
District	<input type="text" value="select"/>
State	<input type="text" value="select"/>
PinCode	<input type="text"/>
EmailId	<input type="text"/>
DOB	<input type="text"/>
Mobile No	<input type="text"/>
<input type="button" value="Reset"/>	<input type="button" value="Submit Form"/>