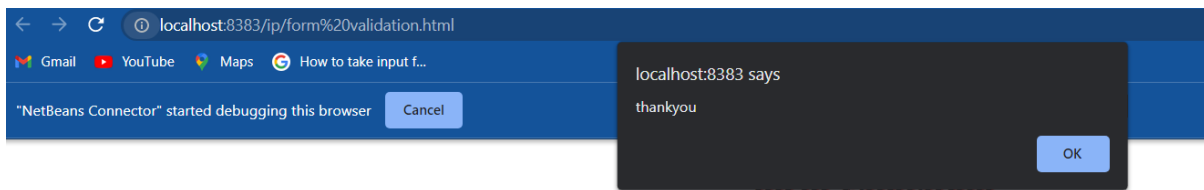
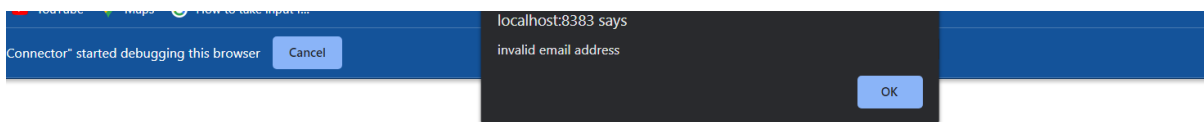


Output



Form Validation

user Id:	<input type="text" value="1234567"/>
password:	<input type="password" value="*****"/>
Name:	<input type="text" value="qqqq"/>
address:	<input type="text" value="2nd street"/>
country:	<input type="text" value="india"/>
zip code:	<input type="text" value="345566"/>
email:	<input type="text" value="q@gmail.com"/>
select male or female:	<input type="radio"/> male <input checked="" type="radio"/> Female
language:	<input checked="" type="checkbox"/> English <input type="checkbox"/> Non English
About:	<input type="text"/>
<input type="button" value="submit"/>	



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