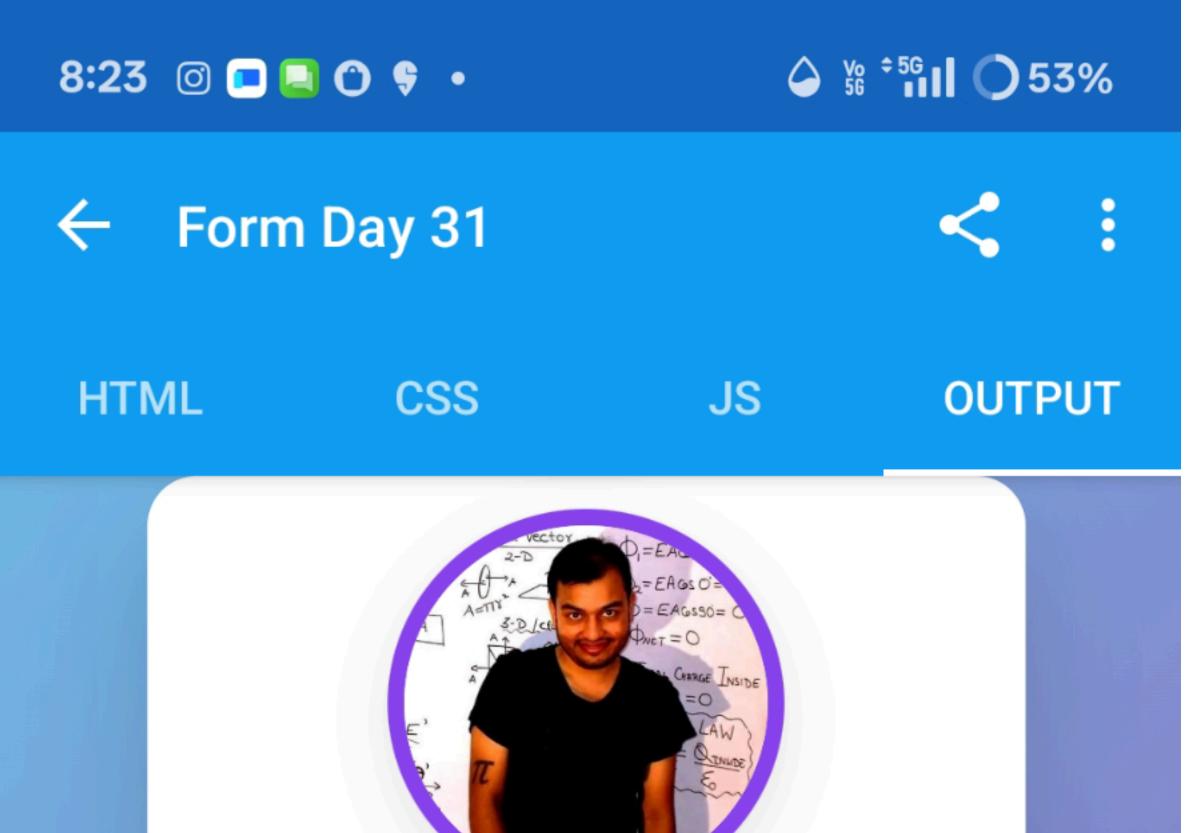
🍲 🖫 "테 🔾 54% 8:23 🔟 💆 🕥 🗣 Z 🔹 < ← Form Day 31 HTML CSS JS OUTPUT Sanchit Narvade web **^** 0 **=** 0 ♣ PRIVATE 1 <!DOCTYPE html> <meta charset="utf-8"> <meta name="viewport" content="width=device-width, initial-scale=1"> type="text/css" href="style.css"> <link rel="stylesheet"</pre> href="https://maxcdn.bootstrapcdn.com /bootstrap/3.4.1/css/bootstrap.min.css"> <script src="https://ajax.googleapis.com/ajax/libs /jquery/3.7.1/jquery.min.js"></script> <script src="https://maxcdn.bootstrapcdn.com /bootstrap/3.4.1/js/bootstrap.min.js">< <title>Course Registration</title> 14 <section class="vh-100 gradient-custom"> <div class="container py-5 h-100"> <div class="row justify-content-center"</pre> align-items-center h-100"> <div class="col-12 col-1g-9 col-x1-7"> <div class="card shadow-2-strong card-registration" style="border-radius: 15px;"> <div class="card-body p-4 p-md-5"> class="teacher-image-container"> src="https://i.posting.cc/m23pYD30 /1000120202.jpg" alt="Teacher" class="img-fluid teacher-image"> <h3 class="mb-4 pb-2 pb-md-0 mb-md-5">Registration Form</h3> <form> <div class="row"> <div class="col-md-6 mb-4"> <div data-mdb-input-init class="form-outline"> <input type="text" id="firstName" name="name" class="form-control form-control-lg" /> <label class="form-label" for="firstName">Name</ <div class="col-md-6 mb-4"> <div data-mdb-input-init class="form-outline"> <input type="text"</pre> id="phone" name="phone" class="form-control form-control-lg" /> <label class="form-label" for="phone">Phone</ </div> </div> <div class="row"> <div class="col-md-6 mb-4 d-flex align-items-center"> <div data-mdb-input-init class="form-outline datepicker w-100"> <input type="text"</pre> class="form-control form-control-lg" id="Email" name="email" /> <label for="Email"</pre> class="form-label">Email</label> <div class="col-md-6 mb-4"> <h6 class="mb-2 pb-1">Gender: </h6> <div class="form-check form-check-inline"> <input class="form-check-input" type="radio"
name="gender" id="femaleGender" value="Female" checked /> <label class="form-check-label" for="femaleGender">Female</label> <div class="form-check form-check-inline"> <input class="form-check-input" type="radio" name="gender" id="maleGender" value="Male" /> <label class="form-check-label" for="maleGender">Male</label> </div> <div class="form-check form-check-inline"> <input
class="form-check-input" type="radio"</pre> name="gender" id="otherGender" value="Other" /> <label class="form-check-label" for="otherGender">Other</label> </div> </div> <div class="row"> <div class="col-md-6 mb-4 <div data-mdb-input-init class="form-outline"> <input type="text"</pre> id="address" name="address" class="form-control form-control-lg" /> <label class="form-label" for="address">Address</ <div class="col-md-6 mb-4





Registration Form Name **Phone Email** Gender: Female Male Address **Choose Subject** Web Application Development -Submit

