<html>

<head>

<title>Registration form</title>

</head>

<center>

<body>

<h1>Registration form</h1>

<form action="submit.php"method="post">

<table>

<tr>

<td><label for="firstname">firstname:</label></td>

<td><input type="text"id="first name"name="first name" required></td>

</tr>

<tr>

<td><label for="lastname">Last name:</label></td>

<td><input type="text"id="last name"name="last name" required></td>

</tr>

<tr>

<td><label for="mobilenumber">mobile number:</label></td>

<td><input type="text"id="mobile number"name="mobile number" required></td>

</tr>

<tr>

<td><label for="gender">Gender:</label></td>

<td><input type="radio"id="male"name="male" value="male">

<label for="male">male</label>

<input type="radio"id="female"name="male"value="female">

<label for="female">female</label></td>

</tr>

<tr>

<td><label for="Email">Email:</label></td>

<td><input type="text"id="Email" required></td>

</tr>

<tr>

<td><lable for ="favorite music">Favorite music:</lable></td>

<td>

<input type="checkbox" id="pop" name="favorite music" value="pop">

<label for="pop">POP</label>

<input type="checkbox" id="rock" name="favorite music" value="rock">

<label for="rock">ROCK</label>

<input type="checkbox" id="other" name="favorite music" value="other">

<label for="other">Other</label>

</td>

</tr>

<tr>

<td><label for="aditional details">aditional details:</label></td>

<td><textarea id="aditional details"name="aditional details"rows="4"cols="50"></textarea></td>

</tr>

<tr>

<td><input type="checkbox"id="condoition"name="condition" required>

<label for "condition">I agree to the terms and condition</label></td>

</tr>

</table>

<br>

<input type="submit"value="submit">

<input type="reset"value="reset">

</form>

</body>

</center>

</html>

2. <html>

<head>

<title>Web form</title>

</head>

<body>

<center>

<h1>Registration Form</h1>

<form action="submit.php"method="post">

<table>

<tr>

<td><label for"owner name">Owner Name:</label></td>

<td><input type="text" id="Owner name" name="owner name" required></td>

</tr>

<tr>

<td><label for "Email">Email:</label></td>

<td><input type="text"id="Email"name="Email" required></td>

</tr>

<tr>

<td><label for "Phone number">Phone number:</label></td>

<td><input type="text"id="Phone number"name="phone number" required></td>

</tr>

<tr>

<td><label for "Country">Country:</label></td>

<td><select type="country">

<option value="s">Select your country</option>

<option value="U">UK</option>

<option value="L">Sri lanka</option>

<option value="I">India</option>

</select>

</td>

</tr>

<tr>

<td><label for"Car model">Car model:</label></td>

<td><input type="text"id="Car model"name="Car model" required></td>

</tr>

<tr>

<td><lable for"Manufacture year">Manufacture year:</lable></td>

<td><select type ="Year">

<option value="A">Select year</option>

<option value="B">2001</option>

<option value="C">2002</option>

<option value="D">2003</option>

<option value="E">2004</option>

</select> </td>

</tr>

<tr>

<td><label for"Transmission">Transmission:</label></td>

<td><input type="radio" name="Transmission" value="A">Auto

<input type="radio"name="Transmission" value="M">Manual </td>

</tr>

<tr>

<td><label for"Additional details">Additional details:</label></td>

<td><textarea id="additional details" name="additional details" rows="4"cols="50"></textarea></td>

</tr>

<tr>

<td><input type="checkbox" id="Checkbox" value="Checkbox">

<lable for"checkbox">I agree to the condition & terms</lable></td>

</tr>

</table>

<br>

<input type="submit"value="submit">

<input type="reset" value="reset">

</form>

</center>

</body>

</html>