<!DOCTYPE html PUBLIC "-//W3C//DTD XHTML 1.0 Transitional//EN" "http://www.w3.org/TR/xhtml1/DTD/xhtml1-transitional.dtd">

<html xmlns="http://www.w3.org/1999/xhtml">

<head>

<meta http-equiv="Content-Type" content="text/html; charset=utf-8" />

<title>FORM</title>

</head>

<body style="background-image:url(images/pexels-photo.jpg)">

<form>

<h1 align="center" style="color:#FFF">PLEASE ENTER YOUR DETAILS</h1>

<p align="center" style="color:#FFF">please fill the application form below and submit</p>

<table width="1200" border="0" cellspacing="5" cellpadding="5">

<tr>

<td style="color:#FFF">NAME\*</td>

<td><input type="text" placeholder="First Name" value="" />&nbsp;</td>

<td><input type="text" placeholder="Last Name" value="" /></td>

</tr>

<tr>

<td style="color:#FFF">EMAIL ADDRESS\*</td>

<td colspan="3"><input type="email" placeholder="Enter Email" value="" />&nbsp;</td>

</tr>

<tr>

<td style="color:#FFF">PHONE NUMBER\*</td>

<td colspan="3"><input type="number" placeholder="Enter Phone number" />&nbsp;</td>

</tr>

<tr>

<td style="color:#FFF">GENDER\*</td>

<td><select name="gender">

<option value="">--GENDER--</option>

<option value="">MALE</option>

<option value="">FEMALE</option>

</select>

<input type="text" />

</td>

</tr>

<tr>

<td style="color:#FFF">CITIZEN</td>

<td><select name="country">

<option value="">--Choose Country--</option>

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

<option value="Sri Lanka">Sri Lanka</option>

<option value="China">China</option>

<option value="Nepal">Nepal</option>

</select></td>

</tr>

<tr>

<td style="color:#FFF">DATE OF BIRTH\*</td>

<td><select name="DAY">

<option value="">DAY</option>&nbsp;</td>

<td><select name="MONTH">

<option value="">MONTH</option>&nbsp;</td>

<td><select name="YEAR">

<option value="">YEAR</option>&nbsp;</td>

</tr>

<tr>

<td style="color:#FFF">ADDRESS\*</td>

<td><input type="text" placeholder="STREET ADDRESS" value="" /></td>

<td><input type="text" placeholder="STREET LINE2" value="" /></td>

</tr>

<tr>

<td></td>

<td><input type="text" placeholder="LANDMARK" value="" /></td>

<td><input type="text" placeholder="CITY" value="" /></td>

</tr>

<tr>

<td></td>

<td><input type="text" placeholder="STATE" value="" /></td>

<td><input type="text" placeholder="ZIP CODE" value="" /></td>

</tr>

<tr>

<td colspan="3" align="center"><input type="submit" /></td>

</tr>

</table>

</form>

</body>

</html>